FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Villing 12 hours after death. permit. File pages 1 and removal, and in any event TO DEPUTY MEDIC

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03739 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town)	C. CITT OR TOWN (If outside corporate mints, write nonal and give measure town)
Frederick Unknown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giva street address)	Frederick /0-/
	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
128 West Patrick Street	128 West Patrick Street YES NOT
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) HEMPY	MBROSTE DEATH MARCH 21 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED X	last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Retired INDUSTRY Carpenter	Wilkes Barre, Pa. COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Gertrude Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 323 ^{Address} 33rd. Street
(Yes, no, or unkown) (If yes give war or dates of service) UNK. L95 09 4702 A	Jes Holon P. Wolch Politimone Maryland
UNK. 125 09 4702 A 1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	Mrs. Helen B. Welsh, Baltimore, Maryland
DADY I DESTI WAS SALISED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE CAPULAC I	alture
4200 DUE TO	La Haark Daggagad
gave rise to immediate	ic Heart Deseased
cause (a), stating the DUE TO	
underlying cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
ICA	YES NO K
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED A factor of While P.m. 19 at work of work of work of work.	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, hel	
death resulted from: Natural causes M, Accident M, Sui	cide, Homicide, Undetermined manner
ACTUAL BOTH TO SO	CHIEF MEDICAL EXAMINER
SIGNATURE O NOWCOO	_M.D. ASSISTANT WEDICAL EXAMINER
EXAMINER'S NAME (Type) B.O. Thomas, Sr. M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) March 22, 1966
23a. BURIAL, CREMATION, 23b. DATE THEREOF 239. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Removal March 22, 1960 Anatomical Bo	Baltimore, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Soull M. ADDRESS Tabel	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M.R.Etchison & Son, Frederick, M ry.	Land DAMAR 24 1966 Achientes Judge

VR ALSME (5)

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Accordance on transfer a related the East to the second of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and this event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		UBUIT
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: I	
Frederick	a. STATE Maryland B. COUNTY Fr	rederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Rural Frederick	Rural Frederick	10-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Route 7	Route 7	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month DF	Day Year
(Type or print) Daisy M. Ander		23- 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	
Female White WIDOWED X DIVORCED	Aug. 22- 1892 73 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Homemaker	Washington Co. Md.	OUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00.11.
William Albright	Mary Elizabeth Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	21701
(Yes, no, or unknown) (If yes give war or dates of service) NONE Mrs	. Sherman W. Clem-Rt. 7- Frede	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	• Diferman w. Orem-no. 1- Frede	rick-Md.
PART I. DEATH WAS CAUSED BY:	was to	ONSET AND DEATH
IMMEDIATE CAUSE (a) (1) (1) (1)	moss, acus	10 minus
4201 DUE TO DO HOOL	DOLLES ORSMAN	18/1/11
Conditions, If any, which gave rise to immediate (b)	en so commung	10 years
cause (a), stating the DUE TO		0
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
110A		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONTRIB	RRED. (Enter nature of Injury In Part I or Part II of Item 18	.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
Hour a.m. While - Not While - factor	y, street, office bldg., etc.)	
	11 1 2017 30 20 20	1
21. I certify that (I) (this hospital) attended the deceased from	June 1 , 196 - 10 1 196	that (I) (we) last
saw the deceased alive on Mars 23 1966, and that		he date stated above. ATE SIGNED
1511. Thursd	ATTENDING - MED - STAFE -	
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. Mar	24-1966
NAME (Type) Dr. B.O. Thomas	Prof. Bldg Frederick-Md. 2	1701
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
Burial Mar. 26-1966 Mt. Olivet Cer	metery Frederick, Md. 2	1701
24. FUNERAL DIRECTOR Character ADDRESS West	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
M.R. Etchison & Son- Frederick, Md.	21701 MAR 29 1966 Scharles	Judge
	- I PARTITION IN TOUR	1 1

5 (4) 1/65 AI5

V attres The Control of the Co all becoming of the second of THE RESIDENCE OF THE PARTY OF T COLUMN TO THE REAL PROPERTY OF THE PARTY OF Distr. 2 - Kornobert - Drist, Mark 1 - Control - Street - Street TANKS OF THE STATE OF THE STATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page 72 hours ? c. LENGTH OF STAY IN 1b hours Mversville 1 day Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital Route 2 within within etely carbon NAME DE Middle Last DATE Month Day 4. DECEASED event, compl (Type or print) race DEATH blare executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. last birthday) | Months | Days 3/11/1889 and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? pe INDUSTRY housewife own home Frederick Co., Maryland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip F. Gaver Anna E. Hooper attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Route transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Walter S. Bidle, Sr., Myersville, Md. no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] -transit ONSET AND WEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed burial-t burial, Cenditions, If any, which been gave rise to Immediate the r DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate betached for use te Dept. of Health hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work p.m at work g 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: 19 66, and that death occurred at 6 M. from the causes and on the date stated above. 3 showith saw the deceased alive on M 22b. DATE SIGNED 22a. SIGNATURE pe page ATTENDING 14/66 M.D. PHYS. DIRECTOR PHYS. may HOSPITAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL 22c. director, p NAME (Type) 2611-6 DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. BURIAL, CREMATION, burial (Specify) 6/66 Lutheran Cemeterv Middletown REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a.

Company, Middletown, Md.

e. IS RESIDENCE ON A FARM?

196

WAS AUTOPSY

PERFORMED? NO

(State)

1966

YES _

Hours

NO T

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Gladhill

o ceabers Virginia Grace Bidle + Marily and the late to the control being the control of th The State of Land State of Lan MALEY SEEDING OF THE PARTY OF T March 64 64 There to Change with the land Henry V. Chase of E-Charlet St. Predericely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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		MAKILAND SI	ALE DEPA	AKIMENI UF	HEALIH		
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS.	301 W. PRESTON	STREET.	BALTIMORE 1	. MARYLAND
03742				OF DEATH			1430

1. PLACE OF DEATH 2. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Frederick Life	Frederick /0-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE
819 North Market Street	819 North Market Street ON A FARM? YES NOTA
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) IRENE CAMPBELL	BISER DEATH March 14, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWEDXX DIVORCED	r5 July 1876 Some state of the state of th
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) House-work NDUSTRY Own Home	Frederick, Md. U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Walter	Catherine Appel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) No Pone F	rancis R. Biser, Norfolk, Va.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	arterioselevoliz Rest Disease / Lycar
IMMEDIATE CAUSE (a) percelly fruit	1/20
4200 DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
COAT	YES NO XX
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCC (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1-6, 1964, to 3-14, 1966, that (1) (we) last
saw the deceased alive on 9-14- 1965, and that	at death occurred at 1 PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNED
of Carlo Martin	D. ATTENOING MED. STAFF 15 March 1966
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Rex R. Martin, M. D.	220 N. Market St., Frederick, Md. 21701
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3-17-66 Reformed Cem	etery Middletown, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
diversely 18. something in.	1/10 10 1000 60/ 2 0
M. R. Etchison & Son, riedelick, Mr. 21	.701 OATEAR 16 1956 Juantes Judge

VR A15 (4)

Our nord dutmerine Appel detaction house in Carrier Madaga and the best of the same of th After the second at the second and the second at the secon 1011 . Street, it waster to be the category of Seattle attended to "-17456 common demonstration and Community

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after depth.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13733 03743

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Frederick MARYLANO	Maryland Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick Years	Frederick /0-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
Wynelle Nursing Home	324 Park Avenue
3. NAME DF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) Marian Elizabeth B	lentlinger DF March 7- 19 66
5 SEX 6. COLOR OR RACE 7. MARRIEL NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	August 29-1878 87 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Homemaker	Frederick Co. Maryland U.S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Adam Theodore Blentlinger	Comple Adole 1 de 16 de
	Sarah Adelaide Murphy INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Frederick-Md.
No 215- 48- 3228 She	eridan Blentlinger-102 E. 4th. St
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART 1. OEATH WAS CAUSED BY:	arteriosclesoses + gargiene 6 weeks.
1450 MMEDIATE CAUSE (a) 1450	
000.10	of a footh leg
Conditions, If any, which gave rise to Immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
[S]	YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	(0)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m.	
21. I certify that (I) (this hospital) attended the deceased from	1953, to 3 - 7 1966, that (I) (we) last
	t death occurred at 4A. M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNEO
Man martin M.C.	ATTENOING MEO. STAFF DIRECTOR PHYS. March 7-1966
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Rex R. Martin	220 N. Market St Frederick-Md.21701
REMOVAL (Soecify)	
BURIAL 3-9-1966 Mt. Olivet Ce	Frederick- Maryland 21701 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR & Son Frederick, Md. 2	
Elever T. Thilmore	1701 MAR 10 1966 Charles Judge

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 114721

09033		1114
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Maryland. COUNTY F	rederick
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) Frederick 4 weeks	Thurmont	10-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	Clark Avenue	YES NO 4
3. NAME OF DECEASED (Type or print) Ray Howard B	Carts de DATE Month OF DEATH March	1966 Pear
		Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) Merchant Merchant	Pennsylvania 12. CI	TIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harman Boarts	Sarah Watterman	
(Man are small at 1616 and the first at 1	INFORMANT Address Corinne K. Boarts Thurmon	it. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 0: 1=	ONSET AND DEATH
STIO IMMEDIATE CAUSE (a) Communication of	- revy	- 1 yr T
Conditions if any which \		
gave rise to immediate		
cause (a), stating the DUE TO		
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2.0 ++	· On A Mar. & Seri	PERFORMED?
20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.	
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MED. (Elitor haters of many in part 1 of fact 1 of feet 20.	
	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bidg., etc.)	inty) (State)
Hour a.m. p.m. 19 While Not While at work at work	y, street, office blug, etc.)	
21. I certify that (I) (this hospital) attended the deceased from	el 22 , 1966, to Mar 19, 196	(that (1) (we) last
saw the deceased alive on March 1919 66, and that	death occurred at 730 M, from the causes and on the	
22a. SIGNATURE	22b. D.	ATE SIGNED
Henry V. Chase M.D.		yar 4h 66
22c. PHYSICIAN'S, NAME (Type) Henry Va Chase	4E. Church St Fred	ericle, Md
23a. BURIAL CREMATION, 23b. DATE/THEREOF 23c. NAME OF CEMETERY BURIAL Specify) 3-22-66 Blue Ridge (n M 9.6.9
24 FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Taymond Tourge Thurmont,	Md. MAR 2 1 1966 Clearles	Quelat.

geliarles Judge

1966

VR A15 (4) 15M 4-64

16721 - :..° . CO. COTT BENEFIT TO A CONTROL OF THE CO. The state of the s

should funeral executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please removement papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03745		CERTIFICAT	E OF DEATH		0373	35
1.	PLACE OF DEATH				CE (Where deceesed fived,		ce before edmission)
В	Frederick		MARYLAND	*Maryland	ь. со	rederick	
	b. CITY OR TOWN (if outside corporete timits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outsida corporate limits, w	ile RURAL and give	nearast town)
	Rural		Years	Rural			a - 1
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hosp	itel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
	Adamstown, Marylan	d		Adamstown	. Maryland		YES NO DE
3.	NAME OF First DECEASED		Middle	Last	4. DATE Mo	nth Dey	Yeer
	(Type or print) CHARLES		TYSON	BRANDENBURG	OF DEATH MAR	CH 16	19 66
5.	SEX 6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		rs IF UNDER 1 YEAR	
		WIDOWED		November 22.	1900 65 yrs.	Months Days	Hours Min.
	e. USUAL OCCUPATION (Give kind of work	10b. KII	ND OF BUSINESS OR INDUS		ty & State, or loreign countr	y) 12. CITIZEN C	F WHAT COUNTRY?
d	carpenter		1 Construction		The state of the s		5.A.
13	FATHER'S NAME	1464 04	0011001 0001	14. MOTHER'S MAIDEN			
	Martin Brandenbur	ø		Emma Bus	ssard		
	. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17.		Addr	ss	
{Y	es, no, or unkown) (If yes give wer or dates of ser		1 28 0631	Mrs. Carrie Br	randenhurg (Sa	ne as item	#2)
=	18. CAUSE OF DEATH [Enter only one co			Mae contro at	andenom 8/oa		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	13.		one +	10		SET AND DEATH
	IMMEDIATE CAUSE (e)_	Cie	use sour	enia, type	and hours	3-	4 more
Ш	DUE TO						
	Conditions, if any, which (b)						
	(a), stating the underlying DUE TO						
	cause lest. (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	ONS CONT	RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G		9. WAS AUTOPSY PERFORMED? YES NO X
TIFIC	200. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Pert I or Pert II of item 18.)		
CER	OR CONTRIBUTING CAUSE OF DEATH						
CAL	20c. TIME OF INJURY Month, Dey, Year	20d. IN		LACE OF INJURY (Home, farm		(County)	(State)
MEDICAL	Hour a.m.	While et work		ectory, street, office bldg., etc.)		
	21. I certify that (I) (this hospita) attend		9-1-	1053 10 2-1	6- 10//	hat (I) (a) last
	saw the deceased alive on		176./Q., and the	ar death occurred ar		and on the da	22b. DATE
	Bell.	m	arten	M.D. PHYS.	AED. STAFF	March 1	- SIGNED
	22c. PHYSICIAN'S NAME (Type) Rex R. M	lartir	1, M.D.	22d. ADDRESS 220 N. Maj	rket Street,	Frederick	, Maryland
23	e. BURIAL, CREMATION, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,		(State)
	Burial March 19,	1966	Bush Creek Co	emetery	Monrovia, M	aryland	
24	FUNERAL DIRECTOR'S SIGNATURE	call	MADDRESSTAR	eless 25a. REC	D BY REGISTRAR 256, R		TURE
	M. R. Etchison & S	on, F	rederick, Man	ryland MAR	2 1 1966 80	harles Ju	dge

VR A15 (4) 20M 5-63

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VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
03746	CERTIFICATE OF DEATH	11373

0374	3	CERTITIOAT	L OF BLATTI		110 (01)
1. PLACE OF DEAT a, CDUNTY	H		2. USUAL RESIDENC	E (Where deceased lived, If Institution b, COUNTY	
	Frederick	MARYLAND	Ma	ryland	rederick
b. CITY OR TOW Write RURAL	/N (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RUR	AL and give nearest town)
Emmits		60 yrs.	Rural	Emmitsburg,	/0 - /
d. NAME DF HO	SPITAL OR INSTITUTION (If not in i	lospital, give street address)	d. STREET ADDRESS	Д 1	e. IS RESIDENCE ON A FARM?
	R.D.# 1		R.D.		YES NO E
3. NAME DF DECEASED (Type or print)	First Marv	Middle Julia B	last Frawner	4. DATE Month OF DEATH March 31,	1966 19
5. SEX	6. CDLDR DR RACE 7. MARRIED		8. DATE DE BIRTH	19. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
Female	White WIDOWED	DIVORCED	Nov. 15, 1881	last pirthday) Month	S Days Hours Min.
during most of work House	wife, even if retired)	KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12.	COUNTRY? U.S.A.
13. FATHER'S NAM	ИE		14. MOTHER'S MAID		
	nuel Carbaugh		Mary E. (
15. WAS DECEASED (Yes, no, or unkown)	(If yes nive war or dates of service)		INFDRMANT	Address	#1
No	22	20-30-8910 Mr	s. Mary Edit	h Wagerman, Emmit	sburg, Md.R.D
		line for (a), (b), and (c).]	, ,		DNSET AND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronory lu	conllows		
260	14	+11,			
Conditions, If	any, which) (b)	Micosalua	tie Edid	iouanula, Dr.	see
gave rise to cause (a), s	Immediate (1 1 1 1	, 10.6		
underlying cau	se last. (c)	Kalucu M	ullius		
PARTII. OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
DR CONTRIBUT	WAS UNDERLYING 20b. ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of item	18.)
O		facto	CE OF INJURY (Home, fa		County) (State)
Hour a.	m. While	- Not wille	// _	1	11
21. I certi	fy that () (this hospital) attend		WW. 19		66, that (I) (we) last
saw the de		1966, and that	t death occurred at/1	OM, from the causes and on	DATE SIGNED
ZZa. SIGNATU	WR Casel	e) M.C	ATTENDING	MED. STAFF WHYS. W	1-66
22c. PHYSICI NAME (T			22d. ADDRESS	weitstrig	Med
23a. BURIAL, CREI	MATIDN, 23b. DATE THEREOF	23c. NAME DE CEMETER	Y DR CREMATDRY	23d. LOCATION (City, fown or	county) (State)
REMOVAL (So Buria	(Colfy) April 4, 196	6 St. Anthony	s Shrine	Emmitsburg, Fred	erick Co. MD.
24. FUNERAL DIR	ECTDR DUST	ADDRESS		D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
/laren	co. E. Whison	Emmitaburg,	Md. DAPR	5 1966 Jelian	en Judge

And the second second second Market Company of the the common of the second secon Salahara A Maga I Right A Kerka Saka

5	1	0	It	em 18 Fi	lm 375 3-2 N OF STATISTIC	29 MARY CAL RESEA	ARCH AND RE	CURDS	PARTMENT OF 5, 301 W. PRESTOR E OF DEATH	N STRE	.TH EET, BALTIMOR	E 1, MARY	LAND	
24 hours after death	and		1.	PLACE OF DEATH	1				2. USUAL RESIDENC	E (Where	deceased lived, If Instit		e before ac	imissio
er d	e fu 1 a			a. COUNTY	Frederick		MARY	(LAND	a. STATE	vlan	b. COUNTY	Frede	rick	
aft	by the f Pages 1 urs after			b. CITY OR TOW	N (if outside corporat and give nearest tow		c. LENGTH OF STA		c. CITY OR TOWN (If					st towr
ours	in b			Fr	ederick		Lifetime		Fre	deri	k	/	0-1	
4	filled papers in 72 l			d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in ho	spital, give street a	address)	d. STREET ADDRESS				e. IS RES	IDENC ARM?
	bon papers within 72	64			rick Memori	al Hosp	oital		117	E. 8	Sth. St.		YES 🗌	NO D
vithi	rbon',		3.	NAME OF DECEASED	\sim	rst	Middle	(P)	Last	4. DAT	26 2	Day		11
executed within	completely ove carbon p		15.	(Type or print)	6. COLOR OR RACE	-	A.		RUCHEY 8. DATE OF BIRTH	DEA		22	19	66 24 HB
cuti	and cor remove	-	8	Male	White	WIDOWED !	NEVER MARRIE		Sept. 11-1	07.6	last birthday) M	onths Days	Hours	Min
	rer rer In a		1Da		ION (Give kind of work of ling life, even if retired	done 10b. KI	ND OF BUSINESS OF	R	11. BIRTHPLACE (Co	-	te, or foreign country)	12. CITIZEN	OF WHAT	
be	sicia lease and	20	dur	Ing most of work	ng life, even if retired	Bani	DUSTREdit D	ept.	Frederick	Co.	Md.	COUNTR U.S.	Y?	
cate	>0 -		13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				
THE STATE OF THE S	ding ph Then remova				Charles Br				Lydia M	. Str	ailman			
death certificate be	attendin rmit. Th		15 (Ye	WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates of	RCES? 16.	SOCIAL SECURITY N	0. 17.	INFDRMANT		Address	Frederi	ck-Mc	3.
leat	permit.			Yes	W War 11		10-5093	M	rs. Helan Fr	aley				
	五十四				DEATH [Enter only one		ne for (a), (b), and (والم	0		0		ERVAL BE	
that the	transi crem			PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) / / ///	ERRED!	harde de de	voling//Hya	0195Y	1/15/5/4/1/5	1 13	1448	_
s th	igne rial- rial,			Conditions If	DUE DUE	10	grene, le		eg Cown			1) day	
uire g p	sen see bu			Conditions, if	Immediate ((~)	ombosis o	I ve	na Cava	1007		1	O moi	nth
aw requires that	as the prior t		12	cause (a), st underlying caus			thelioma	Per	itoneum c A	scit	es	2	O moi	nth
law	has e as h pri		NOI		/	NS CONTRIBU	TING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL D	ISEASE C	ONDITION GIVEN IN PA	RT 1(a) 19.	WAS AU	TOPS
The	ificate for us Healt	7	CERTIFICATION									Y	PERFOR ES	ND [
AN:		d	RTIF	20a. ACCIDENT	WAS UNDERLYING CAUSE OF DEAT ING CAUSE OF DEAT OF MEDICAL EXAMIN	20b. D	ESCRIBE HOW INJU	IRY OCCU	IRRED. (Enter nature of	Injury In	Part I or Part II of I	Item 18.)		
PHYSICIA the hospi	s ce													
PHY	e ett H		MEDICAL	2Dc. TIME OF I	NJURY Month, Day,	Year 20d. IN	Not While	2De. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 2Df. tc.)	(City or town)	(County)	(5	State)
P P	Stat	2.7	ME	p.n	n. 19	at work	at work					11		
OR ATTENDI	R. /				y that (I) (this hosp		d the deceased 1	from_6	, 19	67,1	03/22_	, 1966, t	hat (I) (v	ve) la
ATT	DIRECTO Ige 3 sho led with	27.7		saw the dec	ceased alive on	3/22	19.66,	and that	death occurred at	/9 M,	from the causes ar	nd on the dat 22b. I DATE SI	ENED	abov
				Ni	10	100 us	del.	M.D	ATTENDING A	MED. DIRECTOR	STAFF -	3/22/	66	
PITAL 4 may				22c. PHYSICIA NAME (Ty	la an	Coyou	, , ,	11112	22d. ADDRESS			1		
HOSPITAL	O FUNERAL director, pa				Richard						AveFred			
Page .	dire shot		23a	REMOVAL (Spe	eclfy)		23c. NAME OF C	EMETERY	OR CREMATORY		LOCATION (City, tow		_	tate)
_	-	P	24	Burial FUNERAL DIRE	March	25-66	Mt. Olive		emetery		ederick, Me	d. 2170 ISTRAR'S SIGI		
VR	A15 (4)	151			nison & Son	NOV Z	Frederick		21.701	21		arles &	udal	
151	A A-6A	4							DAMAK	41	10001 /		1	

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	MARYLAI	ND STATE DE	PARTMENT OF HEAI	LTH		
Divisian of STATISTIC	AL RESEARCH AND	RECORDS, 301	W. PRESTON STREET,	BALTIMORE,	MARYLAND	2120

	03748			CERTIFIC	ATE	OF DEATH		113'	738
1. 1	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institu		before odmission)
(. COUNTY Frede	rick		MARYLAN	-	o. STATE Maryla		ederick	
	b. CITY OR TOWN (f outside corporate limit give nearest tawn)	'S,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If a	utside carparate limits, write RL	JRAL and give n	earest tawn)
	Frede			3 Weeks		Freder	ick	/	0-1
(d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)		d. STREET ADDRESS		100	e. IS RESIDENCE ON A FARM?
Mc	nocacy H	all Nussin	g Home			116 West	Third Street		YES NO X
	NAME OF DECEASED	F	irst	Middle		Last	4. DATE Man	ith	Day Year
	(Type ar print)	ROS	A	MAIN	194	CAIN	DEATH MARCH		29 19 66
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [] E	B. DATE OF BIRTH	9. AGE (In years	Manths D	EAR IF UNDER 24 HRS.
F	'emale	White	WIDOWED	DIVORCED [ctober 1, 1			
	USUAL OCCUPATION	(Give kind af work dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, ar foreign country)	12. CITIZE	EN OF WHAT
	Retired	me, even in renieu)	Clo	thing Stor	е	Frederick	County, Md.	Ü.	S. A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
	CHA	RIES V. MA	TN			CLARA ZI	WERMAN		
	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	Addı	ess Fr	ederick.
(Ye	s, na, ar unknown) No	(If yes give war or dates	af service) 2]	4 10 5906	Man	c. Frances	Shirey, 121 Fa		Ave. Md.
		EATH (Enter only one car	use per line for	(a), (b), and (c),)	A*A.L.	10			INTERVAL BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE		Oran a	200	not If	1 hon		ONSET AND DEATH
	450	DUE	, ,	0	-				0
	Conditions, if any		(b) (in Times	22	Censon C	b-literum	2	Zulan.
	rise ta immediot		(/	U W W W					d
	stating the unde	riying couse	(c)						
	PART II. OTHER SI	GNIFICANT CONDITIONS (TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY
N N				01.		a Cal	Tim mles		PERFORMED? YES NO T
FIG	20g. ACCIDENT WA	S LINDERLYING [7]	20h DE	SCRIBE HOW INJURY OCCIL	IRRED (Enter nature of injury in	Port I or Part II af item 18.)	JVI .	725 110 110
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	205. DE	SCRIBE HOW HOOK! OCCO	KKED.	cine native of injury in	Ton Ton Ton II di nom 10.)		
N.	,	MEDICAL EXAMINER) JRY Month, Day, Year	204 11	NJURY OCCURRED 20	D PLAC	E OF INJURY (Hame, farr	n, 20f. (City or town)	(County	ty) (State)
MEDICAL	Haur a.r	n.	While	Nat While		ary, street, affice bldg., etc.		(coom	y) (Sidie)
	p.r		at worl	k L at wark L		C	10 = 1	2 6 10 6	(1.0)/
	21. I certi	fy that (I) (this ha	spital) atten	ded the deceased tro	am	any 16.	1957, to Maca 1 1 A M, ofram causes	- C7, 19 G	sthat (I) (we) la
		eceased alive an_	14 cm	-7 1956, and	a mai	death accorred at	44 • M, • Tram causes	22b. DATE	
П	220. SIGNATURE	21	5 8	1	44.0	ATTENDING DO	MED. STAFF	_	
Ы	22c. PHYSICIAN'S	Tourne	C/3	tine	M.D	D. PHYS. LXI	DIRECTOR L PHYS. L	- Marc	h 29,1966
	NAME (Type	1	TE Sto	me. M. D.			Third Street.	Freder	ick Md.
00	DUDIN COCHATU			23c. NAME OF CEMETER	DV OD (23d. LOCATION (City or To		
230	BURIAL, CREMATIC REMOVAL (Specify Burial								aunty) (State)
0.4)T9 TYC	Mount Oli			Frederick, D BY REGISTRAR 25b. R	REGISTRAR'S SIGN	
24	. FUNERAL DIRECTO	/www	teld	M ADDRESS fue		1 400	//	Charle	
		M.R. Etchis	on & So	n. Fredrick	M	arvlandALA	R 3 1 1968 /	-, 04	1 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 moy be retained by the hospital or ottending physicion.

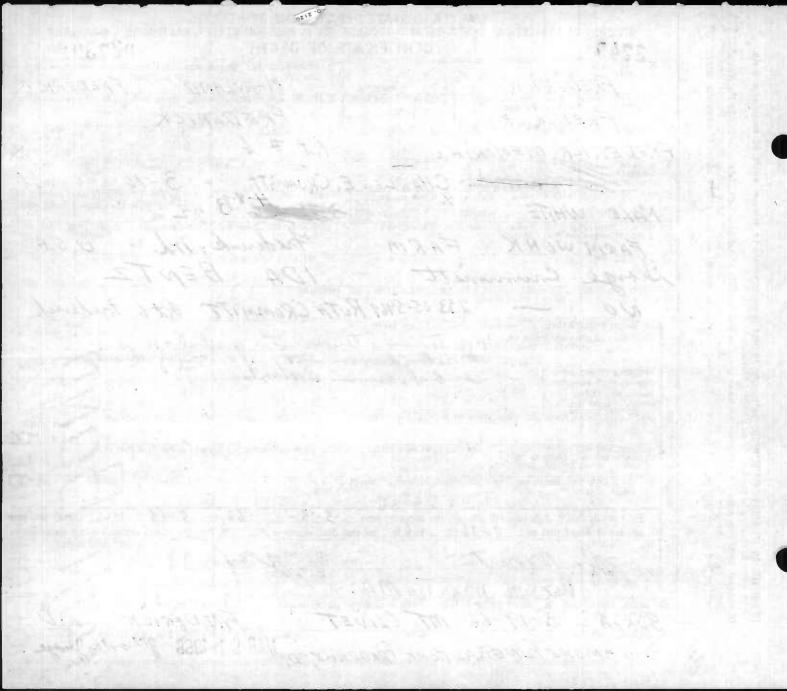
VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	URITICAL CERTIFICAL	E OF DEATH	19/9/1
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Insti-	tution: Residence before admission)
	a. COUNTY FREDERICK	a. STATE MARKET B. COUNT	FREDERICK
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	DIPAL and dive negreet town)
	write RURAL and give nearest town)	c. citi ok fown (ii outside corporate limits, with	B KOKAL and give nearest town)
	FREDERICK	PREDERICK	10-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
E	REDERICK MEMORIAL	RT. 7 6	YES NO
3.	NAME OF DECEASED First Middle	Last 4. DATE Month	Day Year
_	(Type or print) CHARLES E	, CRUMMITT DEATH J-1	6 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		FUNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHILE WIDOWED DIVORCED	72 yrs.	londis Days Hours Will.
10:	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FARM WORK FARM	Frederick, ml	U.S.A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
/	George Crummett	IDA BENT.	2
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	2 1 1 1 1
	NO 233-05-5969 Re	ITH CRUMMITT RYG	trederick
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Herselines and	restente a had then	ONSET AND DEATH
	33/V	70 70	The state of the s
	Conditions, If any, which	a with past out out of the	recognic / Mais
-	gave rise to immediate	a alleway of	
-	cause (a), stating the DUE TO		
z	underlying cause last. (c)		
12	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
S			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of	Item 18.)
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
MEDICAL	Willie - Not Wille -	ry, street, office bldg., etc.)	
Σ		3-3- 10/11-7-11-	20// 15 1 (1) (a) look
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966, and that	3-3-, 1966, to 3-/6-	, 1966, that (I) (we) last
	22a. SIGNATURE		nd on the date stated above.
	of non-t.	ATTENDING MED. STAFF	220. DATE SIGNED
	22c. PHYSICIAN'S M.E	D. PHYS. DIRECTOR PHYS. 1	
	NAME (Type) 17 h m Tinn 1	ZZU. ADDRESS	
	Lex H MAR (IN MID		
238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tow	n or county) (State)
_	BURIA L 13-19-66 1111. ULIVE	- TENERICI	C MU.
24	4. FUNERAL DIRECTOR ADDRESS	25a REC'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
1	GALAMANE FILNERAL HOUR FOURS	PILL DINAN & 1 1966 A	will Judge

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()374()

л								
	1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
	Frederick	a. STATE b. COUNTY Maryland Frederick						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Frederick Day	Frederick /6-/						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?						
1	Frederick Memorial Hospital	210 East Sixth Street YES NO W						
	3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year						
		DEVILBISS DEATH MARCH 22 1966						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.						
	Female White WIDOWED DIVORCED	November 10.1881 81 yrs.						
	10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
4	Retired Dairy Farmer	Frederick County, Md. U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	George W. Shoemaker	Sally Eyler						
	George W. Shoemaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (ffyes give war or dates of service)	INFORMANT Address						
		rge Devilbiss, Route 6, Frederick, Md.						
	1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	I INTERVAL BETWEEN						
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH						
	IMMEDIATE CAUSE (a) Congestive Heart Failure							
	420/ DUE TO							
	Conditions, If any, which gave rise to immediate (b) Myocardial Infarctions, Old & Recent							
	cause (a), stating the DUE TO							
	underlying cause last. (c) Arteriosclerotic							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	Fecal Impaction; Ileus	YES NO						
,	Fecal Impaction; Ileus 202. Accident was underlying 20b. Describe How Injury Occu OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)						
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	While - Not while -	ry, street, office bldg., etc.)						
		22// 22 1 2 22 // 22 11 2 2 11						
		2-13-66 , 19 , to 3-22-66 , 19 , that (I) five) last						
	saw the deceased alive on 3.22.66 19 and that	death occurred at 2.50 PM, from the causes and on the date stated above.						
	1/ 100- T	ATTENDING MED. STAFF 2 22 66						
	22c. PHYSICIAN'S M.D	1 22d ADDESS						
	NAME (Type) Rex R. Martin, M. D.	220. Narket St., Frederick, Md.						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	REMOVAL (Specify)	Cemetery Frederick, Maryland						
	Burial March 25, 1968 Mount Olivet 24. FUNERAL DIRECTOR Mount Of March 25, 1968	7256 REE'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE						
1	M.R. Etchison & Son, Frederick, M	MAR 2 4 1968 Julies Judge						
11 .	Trace Tooling of Doll, Liedelick	IQ DATE						

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. MACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the country of the cou									mission)			
	Frederick MARYLAND				Måryfand b. Grederick							
	b. CITY OR TOWN (if outside corporate limits, Freche Blank sive nearest town) 3 Days			1	R TOWN (If outsid	ie corpora	ate limits, wr	ite RURAI	L and gly	e neares	t town)	
				3 Days		ADDRESS				10	. IS RES	DENCE
F		k Memoria			S) U. SIREEI	ADDRESS					ON A F	
3.	NAME OF DECEASED (Type or print)	Harriet	rst	Ida	Card		DATE OF DEATH	March	1	Day 16	13	66
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF			SE (In years st birthday)	IF UNDER	1 YEAR	IF UNDER Hours	24 HRS. Min.
	male	White	WIDOWED			29,1880		y13.				Willi.
10:	a. USUAL OCCUPATION OF WORK OF WORK OF WORK OF WORK OF WILL	ION (Give kind of work ing life, even if retire E	done 10b. I	KIND OF BUSINESS OR INDUSTRY 1 HOME		HPLACE (County &		foreign country	C	OUNTRY S.A	OF WHAT	
	. FATHER'S NAM					HER'S MAIDEN NA						
I	avid Hu	111			Mary	Catheri	ne P	Triech	aum			
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16		7. INFORMANT			Addres				
I,	0		, , , , ,	1	irs.Rut	th Mille	r	Frede	rick	c, M	d.	
				line for (a), (b), and (c).]	4		. 0	1		INTE	RVAL BET	WEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (2			acce						
	422	DUE	TO 7	1.		eclerote	5	0-	,	1		
	Conditions, If gave rise to		(b) De	generative a	elens.	eclerobe	(aro	lo Vas	enla	Ces	lore	
	cause (a), s	tating the DUE	то									
N	Underlying caus		(c)	UTING TO DEATH BUT NOT R	ELATED TO THE	TERMINAL DISEAS	E CONDIT	ION GIVEN IN	PART 1(a)	119.	WAS AU	TOPSY
ATI	, All III of the Co	Einstein	1 21	ilt hin.	LOTTED TO THE	TERMINANE DIOLOGO	LOUIDII	loit all Firm	.,(-,		PERFOR	MED?
I E	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OF	CURRED. (Ente	r nature of Injur	y In Part	or Part II o	f Item 18		2 03	
CERTIFICATION	OR CONTRIBUTE	ING CAUSE OF DEA	TH NER)		(-)							
		INJURY Month, Day,		INJURY OCCURRED 20e. F	LACE OF INJUR		20f. (CIt	y or town)	(Co	unty)	(S	tate)
MEDICAL	Hour a.r		While at wor	NOT While	ctory, street, of			744				
				ded the deceased from_	3/13	, 1966		3 1/6	, 194			
	saw the de	ceased alive on	677	3/16 19 66 , and t	hat death occ	curred at 8	M, from	the causes		the date		above.
	Pol	ent a	Ro	testa	M.D. PHYS.	DIREC'	TOR 🔲	STAFF PHYS.	3/	16/	66	
3	RODER	re R.R. Ro	berts			odress ederick	, Ma	rylan	d			
	a. BURIAL, CREM BUREMOVAL (Sp.	MATION, 23b. DATE ecify) Mar. 19		St. John's	ERY OR CREMA	TORY 23	d. LOCA	rion (city, to	own or co	ounty)		ate)
24	1. FUNERAL DIRE		1-/00	ADDRESS	, Joine (25a. REC'D BY		AR 25b. R	EGISTRAF	R'S SIGN		-
F	Ray C. G	ladhill		Middletown	, Md.	DAMAR 2	1 19	SA 10	lesve	en I	udgl	

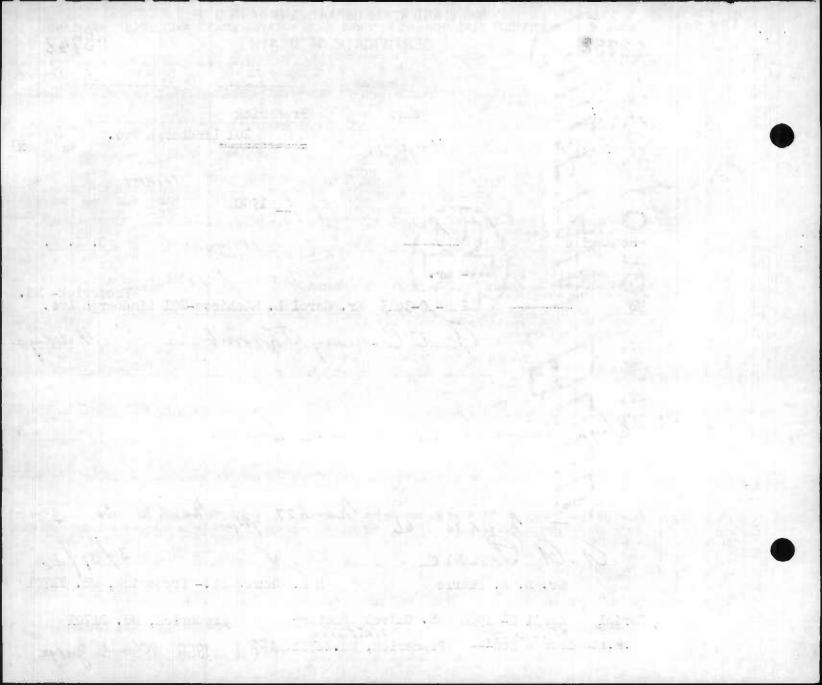
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	DIVISIO	N OF STATISTICAL	RESEARCH AND RI	ECORDS, 3	01 W. PRESTON	STREET, BALTIMO	RE 1, MA	RYLAND
	0375	2	CERTIF	ICATE	OF DEATH		() e	3742
1.	PLACE OF DEATH a. COUNTY	rick	MAI	RYLAND	a. STATE MO	(Where deceased lived, If instruction b. COUN	ITY / 7	dence before admission) Frederick
	b. CITY OR TOW write RURAL	N (if outside corporate lim and give nearest town)		AY IN 1b		itside corporate limits, wri	ite RURAL an	d give nearest town)
_	1 NAME OF HOS	erick SPITAL OR INSTITUTION (IF	years	oddrooo\ c	Frederic STREET ADDRESS O		10	e. IS RESIDENCE
	Freder	ck Memori	. , 1/	#/	1 1, 5	Ol Lindbergh	Ave.	ON A FARM? YES NO
3.	NAME DF DECEASED (Type or print)	Emo	Middle Middle	Etch	/SON	4. DATE Month OF DEATH MAI	/	Day Year 90 19 66
5.	SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARR	IED 8.	DATE OF BIRTH	- Inna Citable days (EAR IF UNDER 24 HRS.
	F		DOWED DIVORO		5/4/00 190	65 yrs.	Mondis	lys Hours Will.
10 du	a. USUAL OCCUPAT	ION (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS (OR	11. BIRTHPLACE (Coun	ty & State, or foreign country		ZEN OF WHAT
	Housev				n	2 Aryland	U.	S. A.
13	. FATHER'S NAM	E	,	1	4. MOTHER'S MAIDEN	NAME /		
	HOWA				PlorA	Kippeon		
1! (Y	es, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of servic	ce)		FDRMANT	Addres	s Frede	rick- Md.
	No		214-10-3615		Carol L. Et	chison-201 Li	ndberg	h Ave.
		DEATH [Enter only one caus	se per line for (a), (b), and	(c).]		1	1	ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Scute Co	rona	my hor	moores		4 days
	420	DUE TO			/			
	Conditions, If							
	cause (a), st	ating the DUE TO						
z	underlying caus							
CERTIFICATION	PART II. OTHERS	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATE	TO THE TERMINAL DIS	EASE CONDITION GIVEN IN I	PART 1(a)	19. WAS AUTOPSY PERFORMED?
IFIC	200 ADDIDENT	perleusive		tes enl		Kal	(lham 10)	YES NO P
ERT	OR CONTRIBUTI	WAS UNDERLYING THE CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20B. DESCRIBE HOW INJ	URYOCCURK	ED. (Enter nature of In	Jury In Part i or Part II of	r item 18.)	
			L 204 INITIDE COOLINGED	100- DI 105	OF INITIDY diams dame	1 god (Oltre or town)	(Octobrilla	(Ctata)
MEDICAL	Hour a.n	NJURY Month, Day, Year	20d. INJURY OCCURRED While Not While	factory,	OF INJURY (Home, farm street, office bldg., etc.	, 20f. (City or town)	(Count)	y) (State)
ME	p.r	n. 19	at work at work	h	7	h 1 = 1		
		y that (I) (this hospital)	0 - 11			6, to Narch 30		
	saw the dec	ceased alive on A	ch 30 1966,	and that de	eath occurred at	12M, from the causes		
М	22a. SIGNATUR	1/1/1			ATTENDING ME		22b. DATE	SIGNED
	22c. PHYSICIA	N'S	ane	M.D.	PHYS. DIF	RECTOR PHYS.	10/0	1/66
	NAME (Ty	ne)	Pearre			h St Freder	ick. M	d. 21701
23		ATION, 23b. DATE THERE	OF 23c. NAME OF	CEMETERY OF		23d. LOCATION (City, to		
	REMOVAL (Spe	clfy)	966 Mt. Cliv					
24	. FUNERAL DIRE		ADDRESS	Thitms	25a. REC'D	Frederick BY REGISTRAR 25b. RE	Md 21 GISTRAR'S S	
	M.R.Et	chison & Son-	Frederic			1 1000 00	9. 0	6

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: hours after death and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after by the MARYLANO Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN hours filled in sician and completely filled in lease remove carbon papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADORESS NO Z YES executed within NAME OF Middle DATE Month Day Year Last 4. DECEASED HATFLEIGH MARCH 19 66 (Type or print) DEATH 10 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED last birthday) Months | Hours Days WIDOWEO 7 **OIVORCEO** 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11 BIRT (County & State, or foreign country) physician TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. COUNTRY? during most, of working life, even if retired) <u>a</u> removal, 13. FATHER'S NAME Then the attending 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) INTERVAL BETWEE CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) KIGHT SANGRENE WEEKS OUE TO GENERALIZER ARTERIO SCLEROSIS Conditions, If eny, which gave rise to immediate DUE TO stating (a), underlying cause last. ON WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? ICATI MELLITUS DIABETRS NO I YES CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) MEDICAL 120e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Whlle Not While p.m. at work et work 19. 66 66. 21. I certify that (I) (this hospital) attended the deceased from ZaM, from the causes and on the date stated above. 66, and that death occurred at 8 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATUR STAFF ATTENDING MED. DIRECTOR M.D. PHYS PHYS. ADDRESS 22d. PHYSICIAN'S director, p NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR SIGNATURE 24. 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64

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03754			CERTIFIC	CATE OF DEAT	Н		Reg. Dist. N	· () 37	4
a. COUNTY	Frederic	k	MARYLANE	2. USUAL RESIDENCE (W			on: Residence be Frede1)
b. CITY OR TOWN (III RURAL and give ne	f autside corporate limits arest lown)	, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	autside carpora	ile limils, write R	URAL and give n	earest tawn)	
Brunswi	.ck		26 years	Brunswi	ck		10	-/	
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, given Residence		address)	d. STREET ADDRESS 417 Brunsw	ick St	reet		e. IS RESIDE ON A FA YES N	RM?
NAME OF DECEASED (Type or print)	MARELLE		Middle MARY H	Lost IAMMOND	4. DATE OF DEATH	Marc	h 21,	Day Yea	66
SEX	7 77		HED NEVER MARRIED	B. DATE OF BIRTH Feb. 26.18	90	. AGE (In years lost birthdoy)	Months Days		24 HF
Female		WIDOWI			70	76 yrs.			
during most of work Housewite	ing life, even if refired)		wn Home	Pleasant			USA	OF WHAT CO)UNC
. FATHER'S NAME		117,1		14. MOTHER'S MAIDEN		41. 5	21-7-		
	lam Hughes			Maggie	Elizab	eth De	itzler		
Conditions, if or gave rise to in cause (a), stating I lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	he under- (c)	B. ITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PERFORM	ED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 ar Port 1	1 af item 18.)		YES N	0 [
20c. TIME OF INJURY Haur a. n. p. m.	Y Month, Day, Year	20d. It While	Nat while	PLACE OF INJURY (Home, far factory, street, affice bldg., et	m, 20f. (City o	r town)	(County	')	(Stol
21. I certify the alive an	at I attended the	decear 1925		th accurred at 2:3	5 M, fram ADDRESS (Sye		,,that I last s and an the d store)		abe
REMOVAL (Specify)	3/23/66		Camples Mar	or CREMATORY		on (City, town, o		(State) ryland	1
23. FUNERAL DIRECTOR	SSIGNATURE	arpe	ADDRESS	24a. REC	D BY REGISTRA	AR 24b. REGIS	STRAR'S SIGNATI	JRE	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and x hauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03750 CERTIFICAT	E OF DEATH	03745
1.	PLACE OF DEATH a. COUNTY Frederick MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY Maryland Freder:	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Frederick d. STREET ADDRESS	e. IS RESIDENCE
			ON A FARM?
	423 N. Bentz Street	423 N. Bentz Street	YES NO
		HIMES, SR. 4. DATE Month OF DEATH March	Day Year 11 19 66
5.	Y. MARKITED ST. MEACH MARKITED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	
==	Male White WIDOWED DIVORCED J	January 15,1906 60 yrs. Months	Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
uui	Retired Frederick City	Jefferson, Maryland U.	S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
+	Daniel Himes	Minnie Metz	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Y	s, no, or unkown) (If yes give war or dates of service) No 220 07 8982 Mrs	. Clara C. Himes (Same as item ;	#2)
-) O Cara O Transpipane as room)	INTERVAL BETWEEN
46	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	- (.1.	ONSET AND DEATH
65	IMMEDIATE CAUSE (a)	enin Careinama	2-yeurs
	DUE TO		
	Conditions, if any, which gave rise to immediate (b)		
ll H	cause (a), stating the DUE TO		
_	underlying cause last. (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA.			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING \(\) CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. While Not While facto at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	nty) (State)
2	21. I certify that (I) (this hospital) attended the deceased from	9-15, 1965 to 3-//, 196	that (I) (we) last
	saw the deceased alive on 3 -// 19 66, and that	t death occurred at SA M from the causes and on the	
	22a. SIGNATURE.	1 22h Da	TE SIGNED
	Thomas a Store M.C.	D. ATTENDING MED. STAFF Marc	h 11, 1966
	22c. PHYSICIAN'S	22d. ADDRESS	, _, _,
17	NAME (Type) Thomas E. Stone, M.D.	4 West Third Street, Frederic	k, Maryland
23:	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
	REMOVAL (Specify)		
24	FUNERAL OIRECTOR Sound M. ADDRESS Addle	norial Park Frederick, Maryla	SIGNATURE
	M P Ftahison & Son Frederick Nam	// .	

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Lifetime C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Lifetime G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital S. Bast 6th. St. Frederick Memorial Hospital S. Bast 6th. St. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick G. STREET ADDRESS G. SEAS 6th. St. Day Year Frederick Month Day Year Frederick G. STREET ADDRESS G. COLOR OR RACE 7, MARRIED NEVER MARRIED NO. SEASON (Inc. STREET ADDRESS) DAY OF BIRTH DOB. USUAL OCCUPATION (City and of wind Action of Year of Working life, even if retired) DOB. USUAL OCCUPATION (City and of wind Action of Working life, even if retired) City Employee 13. FATHER'S NAME Michael Joseph Houff (eceased) 14. MOTHER'S MAIDEN NAME Michael Joseph Houff (eceased) 15. WAS DECRESSED EVER INUS. ADMEDITORICS? (Vet. No. or windown) (If yes sine war or dates of series) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions, if any, which gave rise to limmediate cause (a), staling the underlying cause last. (c) DUE TO Conditions	1.	PLACE OF DEATH a, COUNTY		CE (Where deceased lived, If institution:	Residence before admission)			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) Trederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. S. S. CITY OR TOWN (If outside corporate limits, write and give or S. S. CITY OR TOWN (If outside corporate limits, write and give in A. S. CITY OR TOWN (If outside corporate and give or S. S. CITY OR TOWN (If outside corporate limits, write and give or S. S.		Fradonials	a. STATE Maryland b. COUNTY Frederick					
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Frederick Memorial Hospital 3. NAME OF DECKASED (Type or print) 3. NAME OF DECKASED (Type or print) 5. SEX 6. CLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (Injury or part in Under Injury or Inj		Frederick Lifetime	Fre	ederick	10-1			
Frederick Memorial Hospital 3. NAME OF OCCASED OF VERY MARKED 3. NAME OF OCCASED OF VERY MARKED 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH April 3-1903 9. AGE (In years IFUNDER 1 PART IFUNDER 1 P		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
DECASED (Type or print) Franklin J. Houff BEAH March 11- 19 66 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED April 3-1903			36		YES NO X			
Male White WIDOWED DIVORCED April 3-1903 62 yrs C2 yrs Months Days Hours Min. 20 yrs Min.	3.	DECEASED		DF Manuals 7				
DIAGLE WILLE WIDOVED DIVORED April 3-1903 62 yrs. Do. JUSUA OCCUPATION (give kind of workdoes during most of working life, even if retired) Do. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign eauntry) 12. CITIZEN OF WHAT (INDUSTRY Sanitation Dept. Frederick Co. Md. U.S.A.	1	The state of the s	. DATE OF BIRTH	9. AGE (In years IFUNDE	R 1 YEAR IFUNDER 24 HRS.			
City Employee Sanitation Dept Frederick Co. Md. Country	N	ale White WIDOWED DIVORCED	April 3-190)3 62 yrs. Months	Days Hours Min.			
City Employee Sanitation Dept Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAI	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12.	CITIZEN OF WHAT			
Michael Joseph Houff — (deceased) Aletha Viola Renner—(living) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick—Md. 212—03—1311 Mrs. Isabelle Boone Houff—36 E. 6th. St.— PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) 20c. TIME OF INJURY MONth, Day, Year 20d. INJURY OCCURRED At work at w		City Employee Sanitation Dept.	Frederick					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 212 – 03 – 1311 Mrs. Isabelle Boone Houff – 36 E. 6th. St. – 18. CAUSE DF DEATH (Enter only one cause of line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.) 22a. SIGNATURE ATTENDING MED. STAFF	13	. FATHER'S NAME						
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. Conditions of the part I. Other significant conditions contributing to death but not related to the terminal disease conditions given in part I or part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Contributing to Death But not related to the terminal disease condition given in part I or part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Contributing to Death But not related to the terminal disease condition given in part I or part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Contributing to Death But not related to the terminal disease condition given in part I or part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Contributing to Death But not related to the terminal disease condition given in part I or part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Contributing to Death But not related to the Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING Contributing to Death But not related to Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING County Month, Day, Year 20d. Injury occurred 20e. Place of Injury (Home, farm, factory, street, office bidg., etc.) County Coun								
18. CAUSE DF DEATH LEnter only one cause BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(Y	es. no. or unkown) (If yes give war or dates of service)		Address Fre	ederick-Md.			
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gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State) 4 the cause of the causes and on the date stated above. 20a. SIGNATURE 20b. DATE SIGNED 20b. DATE SIGNED 20b. DATE SIGNED 20b. DATE SIGNED 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. PLACE OF INJURY			0 - 00	Dula at				
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21. I certify that (I) (this hospital) attended the deceased from fully 1962, to March 1966, that (I) (we) last saw the deceased alive on which 1966, and that death occurred at 2:05%, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF	CERTII	OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of	finjury in Part I or Part II of Item 1	8.)			
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saw the deceased alive on ward 19 66, and that death occurred at 2:05%, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED	-		uly . 1	962, to March 1/19	(C, that (I) (we) last			
22a. SIGNATURE 22b. DATE SIGNED		saw the deceased alive on Many 1966, and that		2:05%, from the causes and on	the date stated above.			
M.D. PHYS. DIRECTOR PHYS.			ATTENDING		DATE SIGNED			
			. PHYS.	DIRECTOR PHYS.				
22c. PHYSICIAN'S NAME (Type)		NAME (Type)			-1- 164 07 707			
Dr. LeRoy T. Davis Professional Bldg Frederick- Md.21701	-							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	238	REMOVAL (Specify)	OR CREMATORY					
Burlai March 14-1900 Mt. Olivet Cemetery Frederick, Md. 21/01	24	Burlal March 14-1966 Mt. Olivet Cen		' Trederick, Md. 2	R'S SIGNATURE			
M.R. Etchison & Son Frederick, Md. 21701 DATE 14 1966 Charles Judge	-							

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	rage 4 moy be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely tilled in by the tuneral	director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2	see should be filed with the Stote Dept. of Health prior to buriol, cremotion, ar removal, and in any event, within 72 hours after death.	
	21	J IV	1 1/	00	4

- 037	53		CERTIFICA	IE OF DEATH			-	137	147	
PLACE OF DE O. COUNTY	ATH Frederick		MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceo	sed lived, if institut b. COUI	ITV		e odmissio	
b. CITY OR TO write RUR	OWN (If outside corporate limits, About give neares town		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside corpord	ate limits, write RUI	RAL and give	neoresi 10	t town)	
d. NAME OF I	OSPITAL OR INSTITUTION (If not I 3 Virginia	, ,		d. STREET ADDRESS					e. IS RESID ON A FA	DENCE ARM? NO
3. NAME OF DECEASED (Type or prin	CHARLES		Middle WILLIAM	HUTTS	4. DATE OF DEATH	Mant 3			30 19	66
S. SEX	6. COLOR OR RACE W.	7. MARRIED WIDOWED	NEVER MARRIED A	8. DATE OF BIRTH 8/5/1899		AGE (In years pirthday) yrs.	Months Months	Doys	Hours Hours	Min.
during most of w	PATION (Give kind of work done orking life, even if tetired)		ND OF BUSINESS OR DUSTRY	Brunawi	ck	reign cauntry)		IZEN OF UNIRY?		
0 -11 001	cles W. Hutt			14. MOTHER'S MAIDEN Emma S						
(Yes, no, or unkn	ED EVER IN U.S. ARMED FORCES? own) (If yes give wor ar dotes of	designar.	IZ-I4-2719	Eugene H	utts	Brunsw		lar	ylan	ıd
	OF DEATH (Enter only one couse I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	David	(o), (b), and (c).) monary Ede	ma					SET AND S	
	if ony, which gave (b)	Pne	umonia		11111			4	day	'S
stating the	underlying cause	Epi	1epsy					10		
PART II. OT	HER SIGNIFICANT CONDITIONS <u>CO</u>								WAS AUTO PERFORM ES	NO ZZ
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRE							
	DF INJURY Month, Day, Year our o.m. p.m. 19	While at wark	Not While at work	PLACE OF INJURY (Hame, for factory, street, office bldg., et	c.)	(City or town)		inty)		(Stote)
saw t	certify that (1) (this hosp he deceased alive on M	ar. 3	led the deceased from 19_66, and t	hat death accurred	19.58, 15P.	Mar . 3 M, from causes	and on th	ne dot	e stated	we) la dabov
22a. SIGN	1		an	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	Ma		31,1	.966
	(Type) C.T. B		Kao, M.D.		Brun		Md.		10	· Latal
23a. BURIAL, CR REMOVALO		5	Park Heig	ghts Cemet	ery	Brunswi		(County)	d. M	itote) Id.
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DECIME BENGE Directorally of the country of the control of the c On the state of th

rage 4 may be retained by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
03758	CERTIFICATE OF DEATH	11374

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
a. COUNTY Frederick MARYLAND	a. STATE And b. COUNTY	educato
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL e	and give nearest town)
write RURAL and give nearest town) Frederic & Rich	Fradonial	10-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Karalania la Marinaia	4 Lincoln Atto	ON A FARM?
Trouble period was.	/10-42	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) ROBBIE DONNE	// Jackson Death / Man	ch 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Months I	Days Hours Min.
WIDOWED DIVORCED	(Marey 66 yrs.	6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		IZEN OF WHAT
The state of the s	Frederick, Ma 1	ISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Bracey	Elizabeth Jant	sm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. POSTAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Haspital necods	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	1000000	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	in less to	ONSET AND DEATH
IMMEDIATE CAUSE (a)	1) House	
Conditions If any which)		
gave rise to immediate		
ceuse (a), stating the DUE TO	· T.	
underlying cause last. (c)	ATER TO THE TERM (NAT. DIGEACE CONDITION COVEN IN PART 1/c)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
E		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO DEATH BUT NOT REL 20b. DESCRIBE HOW INJURY OCCIDENT (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
facts	ACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
p.m. 19 While Not While		a No.
21. I certify that (I) (this hospital) attended the deceased from	1 March 1966, to 1 Mars (1960	a, that (I) (we) last
	at death occurred at 2/2 M, from the causes and on the	e date stated above.
22a. SIGNATURE		TE SIGNED
M. Lower M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	arch 66
22c. PHYSICIAN'S NAME (Type)	22d, ADDRESS 100 E	1 1111
TRAILE (1996)	6 0 3rd St. Mederies	2 100
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
KELEASE TO HOSPITAL 0/1/66 FREDERICK MEN	MORIAL HOSPITAL FREDERICK, FREDER	CICK MD
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Vi Javed Gourgeaus	MAR 4 1966 Icharles	Judge
		1 0

gard. The second secon Edit in the Marie of the article that in the deto the Wallington Call title Malk tables a Mark aller and a Aller and the State of the Color and the Col Company of the Contract of the

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03740

	0375	9		CERTIFICA	TE OF DEAT	H	03749
1.	PLACE OF DEAT	H			a. STATE	b. COUN	titution: Residence before admission) TY
		Frederic		MARYLANO	Mar	ryland	Frederick
	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest to	ite limits,	c. LENGTH OF STAY IN	c. CITY OR TOWN (if outside corporete limits, wri	te RURAL and give nearest town)
	Frederi			1 Week	Rural	(Frederick)	10-1
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in ho	ospitei, give street addre	d. STREET AOORES	S	e. IS RESIDENCE ON A FARM?
		cick, Memo		ospital		Fred Co, Md	YES NO
3.	NAME OF DECEASED	O DATE Y	irst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Jane		NMN	Johns on	DEATH Marc	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	Female	Negro	WIDOWED	0 IVORCED	6-9-1902	63 yrs.	montais buys floure min
10	. USUAL OCCUPAT	Negro FION (Give kind of work ling life, even if retire	done 10b. K	IND OF BUSINESS OR		County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dui	omestic	mig me, even n term	الما الما الما الما الما الما الما الما		Frederi	ick Co.Md	U.S.A.
	. FATHER'S NAM		1 70 71 71		14. MOTHER'S MA		Uabara
10	TT -1				26		
15	Unknown	<u>n</u> Ever in U.S. Armed F	OPCES2 16	SOCIAL SECURITY NO. 1	Martha A	Addres	e
(Y	es, no, or unkown)	(If yes give war or dates	of service)	SOCIAL SECONTITIO.	./. Incomment		
1	VO	*****	N	one	Rebecca We	edon Rt 6 I	Frederick, Md_
			()	ne for (a), (b), and (c).]	10-1-	0	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED B IMMEDIATE CAUSI	Y: (a) (raesting.	4500LOO	uline	יייים אולט פרוויי
	1530		10	100 : 0	00	1-00	000
	Conditions, If		DAM	testimos	Statung	corn Smal	1.1Struct
	gave rise to	Immediate	(b)		0		
	cause (a), s underlying caus	ratilig the	E TO (C)	nemon	a of	leaum	
NO	PART II. OTHER:	SIGNIFICANT CONDIT	ONSCONTRIBU	TING TO DEATH BUT NOT F	ELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY
I E							PERFORMED?
E	20a ACCIDENT	WAS UNDERLYING	1 20b. 0	FSCRIBE HOW INJURY O	CCURRED. (Enter nature	of injury in Part I or Part II of	
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DE	ATH INER)		oodiiiaa (amoi iiaaa		
MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)
103	Hour a.		While	Not While at work	actory, street, office bldg.,	, etc.)	
Σ		m. 19 fy that (I) (this hos			1-22	1966, to 5-2	
		ceased alive on	3-2	1965, and	that death occurred at	2 (M, from the causes	and on the date stated above.
	22a. SIGNATU	RE					22b. DATE SIGNEO
	5	Thomas.	5 87	2.1	M.D. PHYS.	OIRECTOR PHYS.	3-2-66
	22c. PHYSICI				22d. ADDRESS		
	NAME (T	ype) thoma	ک ،	TONE	F	redenih 1	no.
23	a. BURIAL, CREM REMOVAL (Sp			23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
1	REMOVAL (Sp Burial	ecity)	1966	Bartons	wille	Bartonsvi	lle Fred. Md
24	. FUNERAL DIR	ECTOR	1200	ADDRESS	25a. R	EC'D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
	O E	Uioka 111	p-	ederick, Md	2.27	R 4 1956 ACC	larles Judge
	U.E.	Hicks, 111	L I.	OCET.TOK MIG	DATEA	4 1000	

HEED IN THE STATE OF THE PARTY OF THE P The discussion of the control of the and the control of the second second W12 23-46 The same of the same of the same of The affirmation and a self-readers and a dail- - I follow t wall by the said and be the trackers a fail and d . . .

1 M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

					The second secon					
1.	PLACE DF DEAT	Н		2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If inst b. COUN	itution: Residence before admission)				
		erick	MARYLAND	Maryl	and F	rederick				
	b. CITY OR TOW	N (if outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, wri	te RURAL and give nearest town)				
	MIddI (and give nearest town)	40 years	Middle	town	10-1				
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in i	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
				W. Mai	n St.	YES NO K				
3.	NAME DF DECEASED	Flrst	Middle	Last	4. DATE Month	Day Year				
	(Type or print)	Mary Ca	atherine	Joy	DEATH 3	12 19 66				
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO □	8. OATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.				
f	emale	white WIDOWE		12/7/1904	last birthday) of the birthday	Months Days Hours Min.				
102	. USUAL OCCUPAT	ION (Give kind of work done 10b. ing life, even If retired)	CIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT				
aur	seamst	ress (10	thing manufa	cture Fred	. Co., Md.	COUNTRY?				
13.	. FATHER'S NAM			14. MOTHER'S MAIL						
	George	W. Slifer		Lilly Ca	therine Poff	enberger				
	. WAS DECEASED		SOCIAL SECURITY NO. 17.	INFDRMANT	Addres	S				
	10	(11 Acz dias wat of dures of setains)	E	arl Joy, M	Middletown, M	id.				
		DEATH [Enter only one cause per	line for (a), (b), and (c), 1			INTERVAL BETWEEN				
		EATH WAS CAUSED BY:		versil	Julacet	ONSED AND DEATH				
	11201	IMMEDIATE CAUSE (a)	acre may		100					
	4201	DUE TO G	10. 1	PITS	11.	typean				
8	Conditions, if		anguar 11	n cond	1 Jene					
	gave rise to cause (a), s					Contract to the second				
Н	underlying caus			The State of the last of the l						
ON	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO O EATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY				
SAT						YES NO				
IF I	20a ACCIDENT	WAS UNDERLYING 20b.	DESCRIBE HOW INTURY OCC	IIRREO (Enter nature o	f Injury In Part I or Part II of					
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH	DEGOTTOL HOW MOOK! OGG	OMES (2000 1000 0						
			INJURY OCCURRED 120e. PL	ACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)				
MEDICAL	Hour a.		fact	ory, street, office bldg., e						
ME		m. 19 at wo	k at work							
		fy that (I) (this hospital) attend		January, 1	7 1 N	, 1936_, that (I) (we) last				
	saw the de	ceased alive on 2.5	1965 , and tha	it death occurred at_	T M, from the causes	and on the date stated above.				
	22a. SIGNATU	11:		ATTENDED	A450	22b. DATE SIGNED				
	7	Mewall	M.	D. PHYS.	MEO. DIRECTOR PHYS.	3-12-06				
	22c. PHYSICI	auls		22d. ADDRESS						
	NAME (T	Dr. Joseph	Secondari	Boonsh	oro. Md.					
238		MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, to	wn or county) (State)				
7	REMOVAL (SP	eclfy) 3/14/66	Doformad O	omoton	Midalata	m Md				
	ourial FUNERAL OIR		Reformed C	emetery 1 25a. RE	Middletow					
-				67.07		larles Judge				
	Gladhi.	TT Combany MT	ddletown, Md	DATE	1 7 1000	Lean Know				

VR AIS (4) 20M I/65

organism . The most the commence of the second of and the second the second to the second the second to and the control of th BELL OSERTO, A CONTROL OF THE PROPERTY OF THE

FOR STATE HEALTH DEPT.

may be

it any delay . Cessary, 1, 2, and 3 to the funeral may be may be

Department after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours in the state. O DEPUTY MEDIX. EXAMINER: This certificate should be executed within 24 hours after death, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for retained for your files.

18,20821 Film WARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Items 18,20%21 Film 03761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03051

	3 3 4 4 4 4				
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIO	ENCE (Where deceased live	ed, If institution: Res	Idence before admission)
	Frederick MARYLAND	Maryl		Montg.	/
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN	(If outside corporate II	mits, write RURAL a	nd give nearest town)
	Frederick D O A	Dic	kerson		15-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRE	SS		e. IS RESIDENCE
	Frederick Memorial Hospital		-		YES NO S
3.		Lest	4. DATE	Month	Day Year
	(Type or print) Alda	Torodoro	OF DEATH	Man	00 1900
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (II	Mar. years IFUNDER 1	22 1966 YEAR IF UNDER 24 HRS
	26 2	4/25/20			ays Hours Min.
10	Male White WIDOWED DIVORCED	4/15/19	43 22 (State or foreign coun	yrs.	IZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	II. BIKITIFLAGE	(State of foleign count		NTRY?
	Manual labor	Virg	inia	U	S.A.
13	. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME		-3-6
	Lathalt Justus	Sar	ah Viers		The state of the s
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es, no, or unknown) (if yes give war or dates of service)	. INFORMANT	2804	Wakefield	1 St.
	No 217-42-2497 Wa:	lter B. Yo	ung Arlir	gton, Va.	
	18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), and (c).]			g con	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Fractured skull			375	ONSET AND DEATH
	8221				
	Conditions, If eny, which \ DUE TO Lacerated brain			1	
	Conditions, if eny, which (b) Lacerated brain				
	ceuse (e), steting the DUE TO			1000 122	
10	underlying cause last. (c)				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMIN	AL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT					YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS // 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of injury in Part i or i	art ii of Item 18.)	
18	PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH.	1	an the f	Truck	treo
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		On the same of the Party	town) on + (Coun	
MEDICAL	Hour e.m. 21 while - Not While 4 fact	tory, street, office bldg	., etc.)	Montgom	ery nest
ME	1-20 -pm. 3/2-2 1966 at work at work & 22	ckerson	Ackerso	TYZEKIZLE	K "W
	21. I certify that I took charge of the remains described above, he	eld an Autopsy 📄	, Inspection X,	Inquiry ,	and In my opinion
12	death resulted from: Natural causes , Accident , S	uicide , Hom	icide , Undete	rmined manner	
	0.5.0	CHIEF MED	CAL EXAMINER		
	SIGNATURE Bothernas	M D ASSISTANT	MEDICAL EXAMINER		22. DATE SIGNED
	000000		DICAL EXAMINER		
	NAME (Type) 1500 thomas m	Address (St	reet, city, town, or cour	ity)	
23	e. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION	(City, town or coun	ty) (State)
	REMOVAL (Specify)		Real	lsville	Md.
2/	Burial 3/25/66 Monocacy	25a.		25b. REGISTRAR'S	
1	Barnesville	e. Md 44		4. 700 0	
1	include U. Stellen	DAM	AR 28 1966	Jane	1 Judge

VR ALSME (5) 1/65

TO DEPUTY MEDI

POWER STATE Brotestill. medul Linear the amount of the transfer to the state of the Associal 30 /28/

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be exacuted within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS, Page 5 may be retained for your files.

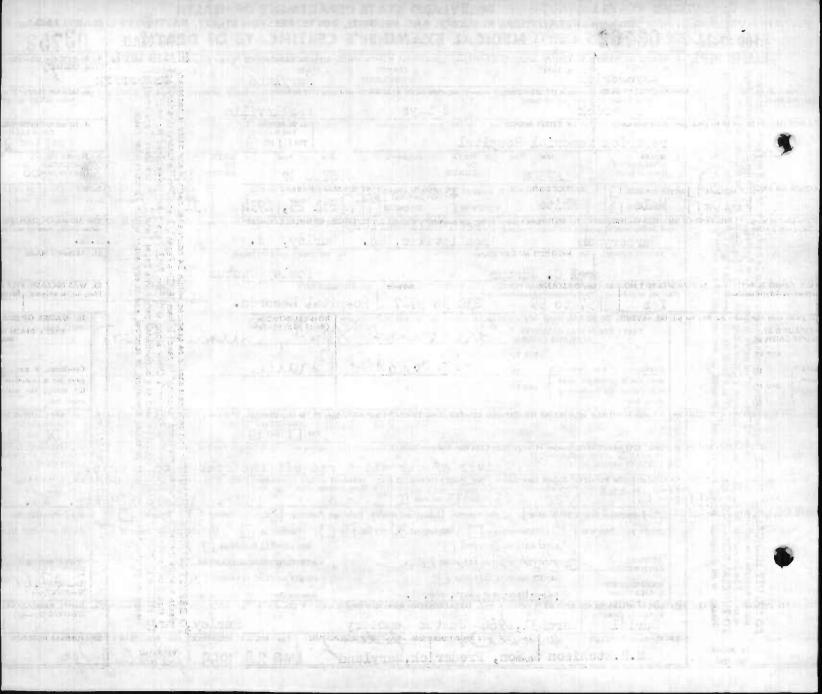
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/63

03762	N	MEDICAL	EXAMINER	S CERTIFIC	CATE O	F DEATH		1375	2
1. PLACE OF DEA a. COUNTY Freder			MARYLAND	2. USUAL RESI			institution, Resid	gometry	admission)
b. CITY OR TOWN write RURAL T	N (if outside corporate li		LENGTH OF STAY IN 18	c. CITY OR TO	WN (If outside so	rporate limits, write		a nearest tov	vn)
	PITAL OR INSTITUTION			d. STREET ADD	sville		13	I n IS D	ESIDENCE
Frederick	Memorial H							ON	A FARM?
3. NAME OF DECEASED (Type or print)	LAWSON	rsi	Middle	JUSTUS	4. DATE OF DEAT		26	Yao	66
5. SEX Male	White	WIDOWED	NEVER MARRIED	8. DATE OF BIRTH April 25,		9. AGE (In years last birthday) 31 yrs.	Months Deys		Min.
dona during most of Nurserv	ATION (Give kind of we working life, aven if ret	ired) UI COII	of symmess of the work. Sville, Md.	Hurley,		ountry)	U.S.	OF WHAT	COUNTRY?
13. FATHER'S NAME		TOULE	DVLLLO3 Mar	14. MOTHER'S MA			0400		
B	urel C. Jus	etue		Powle	v Justus				- 8
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FO	ORCES? 16. SO		INFORMANT		Address			
Yes	DEATH [Enler only o			ospital Rec	oras.				
	ATH WAS CAUSED BY:	ne cause per line :	or (a), (b), and (c).	Sh. 00	0	100	1 7	NTERVAL BET ONSET AND I	
0, 1 -	IMMEDIATE CAUSE (a) JUO	course	Store,	me	hed C	host		
883	DUE T	0) . 10	002					
Conditions, if e		b) d	acerate	d Prai	u				
geve rise to imm	DIJE T	0							
cause last.		c)							
PART II. OTH		-	BUTING TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)		AUTOPSY DRMED?
CAT								arternal .	NO [3]
PART II. OTH	CAUSE WAS	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enler neture of injur	y in Part I or Pert	II ol item 1B.)			- Investigation of the contract of the contrac
	CONTRIBUTING	Driver	of car whi	ch ran off	the ros	ad into	a tree.		
20c. TIME OF IN		Year 20d. INJU	JRY OCCURRED 20e. P	LACE OF INJURY (Home actory, street, office bldg.	, ferm, 20f. (Ci	ity or town)	(County)		(State)
Houng()City	. 3/22 19	66 el work	et work	Road		Dickers	on Mont	e. M	d.
21. I certify	that I took charge	of the remain	s described above,	held an Autopsy				d in my o	
death resulted	from: Natural	causes .	Accident X. Su	icide , Homic	ide [], U	ndetermined m			
	100			CHIEF MEDI	CAL EXAMINER				- 3
ACTUAL SIGNATURE	1307	tron	2EES	ASSISTANT	MEDICAL EXAMI	NER 🗌		DATE SIG	NED
EXAMINER'S				DEPUTY MEE	DICAL EXAMINER	TX		2 27	11
NAME (Typa)	B.O.Th	omas Sr.	M.D.		reet, city, town, o	make .		J-0/1.	-66
22a. BURIAL, CREMAT REMOVAL (Space	ION, 22b. DATE THE	REOF 22c	. NAME OF CEMETERY		The second secon	ATION (City, town	, or county)	(SIel	•)
Burial	March31,	1966 Ju	stus Cemete	ry	Hurl	ey, Va.			
23. FUNERAL DIRECT	por a		ADDRESS Juli			TRAR 24b. REG	ISTRAR'S SIGNA	TURE	11111
M.R.E	tchison & S	on, Fred	erick, Maryl	and MAN	2 9 196	6 Pelia	reles Jus	198	
				THAT I			0	0	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

20 Film G375 4/4/MARYLAND STATE DEPARTMENT OF HEALTH



A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Year

1966

YES

Hours

Md.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO T

(State)

(State)

PERFORMED?

Day

Days

12. CITIZEN OF WHAT

19

DATE SIGNED

Co.

(County)

3

YES

COUNTRY?

NO X

The Committee of the State of the Committee of the State of the State

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They there is remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after of afth.

> VR A15 (4) 15M 4-64

03764	CERTIFICA	TE OF DEATH	Constitution of the	03754
1. PLACE OF DEATH 2. COUNTY Frederick		2. USUAL RESIDENCE STATE Maryland	E (Where deceased lived, If instituted b. COUNTY Frede:	
b. CITY OR TOWN (If outside corpor write RURAL and give nearest to	maryLand rate limits, c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If	outside corporate limits, write RU	
write RURAL and give nearest to Frederick	Minutes	Rural		10 =1
	ION (if not in hospital, give street addres	s) d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Memorial	Hospital.	Route #3	, Frederick	YES NO NO
3. NAME OF DECEASED (Type or print) Mami	F. Middle	Kidd ^{Last}	4. DATE Month OF DEATH March	Day Year 26, 19 66
5. SEX 6. COLOR OR RACI	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IF UN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS
Female White	WIDOWED DIVORCED	Dec. 7, 1882	03 yrs.	
10a. USUAL OCCUPATION (Give kind of word during most of working life, even if retine Housewife	rk done 10b. KIND OF BUSINESS OR INDUSTRY		ederick, Maryland	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAID		
Sampson Young		Samantha	Baker	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unkown) (If yes give war or date	e of corvice)	7. INFORMANT	Address	
No	None		Hoover(Same as it	em #2)
4200 DU	one cause per line for (a), (b), and (c). I GE (a)	Congestive h	eart failure ////////////////////////////////////	INTERVAL BETWEEN ONSET AND DEATH
underlying cause last.	(b) (b) (c) (c) (c)		disease	10 yr.
PARTII. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL I	DISEASE CONDITION CIVEN IN PART	PERFORMED?
Nephrosclerosia			I be to the Book I as Book II as Bas	YES NO
Nephrosclerosis 20a. Accident was underlying or contributing cause of de (if either, notify medical example)	ZATH MINER)	CURRED. (Enter nature of	injury in Pert I or Part II of Iter	1 18.)
20c. TIME OF INJURY Month, Day Hour a.m. p.m. 1	While Not While fa	PLACE OF INJURY (Home, factory, street, office bidg., e	tc.)	(County) (State)
21. I certify that (I) (this ho	spital) attended the deceased from_		95%, to Man 26, 1	
	1966, and t	hat death occurred at		on the date stated above
22a. SIGNATURE	2	ATTENDING	MED. STAFF	2-21-16
22c. PHYSICIAN'S	1 Same	M.D. PHYS.	DIRECTOR PHYS.	3-21-76
NAME (Type) Thunks	STONE	Fre	donite MD	
23a. BURIAL, CREMATION, 23b. DATE	E THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
23a. BURIAL CREMATION, 23b. DATE REMOVAL (Specify) Buraal March	29,1966 Mount Olive		Frederick, Mar	
24. FUNERAL DIRECTOR Alore	ald M ADDRESS Face	Celey 25a. RE	C'D BY RECISTRAR 25b. REGIST	. 44
M. R. Etchison	& Son. Frederick. Ma	arvland DATA	29 1966 Icha	rles Judge

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Item 18 Film G375 4/2MARYLAND STATE DEPARTMENT OF HEALTH

E. HOLL BIR DELL DESVEED AND PROBE THE START OF tink I and the spirit of the second s . . apelidada a zau. gridorios, hargoint - 14,8 5 0 EVE

carbon that the death certificate be physician and

03765 CERTIF	FICATE OF DEATH (13755
1. PLACE OF DEATH a. COUNTY Frederick MARY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence bafore edmission o. STATE b. COUNTY Frederick
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearast town) Frederick c. LENGTH OF STA	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddr Frederick Memorial Hospital	d. STREET ADDRESS 806 East Patrick Street on a farm? YES \(\) NO \(\)
3. NAME OF First Middle (Type or print) MILDRED LORRAINE	E LACIAK 4. DATE Month Dey Yeer OF DEATH March 3, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIE White WIDOWED DIVORCE	Months Deys Hours Min.
done during most of working life, even if retired) None None	R INDUSTRY 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY Frederick, Maryland U.S.A.
Dennis LeRoy Brightwell (D)	Ida May Smith (D)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unkown) (Ifyes give wer or dates of service) 220/10/5519	
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Les heart deseage with congestione Sudde
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying	subacuto 2 1/2 m
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY	OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED While Not While at work et work

21. I certify that (I) (this hospital) attended the deceased from....

2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) fectory, street, office bldg., etc.)

3M, from the causes and on the date stated above.

22a. SIGNATURE

PHYS. DIRECTOR M.D.

22b. DATE March 3, 1966 PHYS.

(State)

22c. PHYSICIAN'S NAME (Type) Dr. Rex R. Martin

M.D.

22d. ADDRESS Frederick, Md. 220 North Market Street

23d. LOCATION (City, town or county)

ı	23e. BURIAL,	CREMATION,	23Ь.	DATE	THEREO
ı	Burial	(Specify)	3	171	1966
ı		1		/1 :	1

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

Frederick, Maryland

24 FUNERAL DIRECTOR'S SIGNATUR Robert

Frederick, Maryland

ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

death. Page., TO FUNERAL director, page 3 be filed with th

Barren bankrusin

Mairebert. Hanner to the state of the stat

and the second of the second o

She Tiel , St. . Wolfer

Transmission of the contract o

1 (6) Henry in Venelaring

o 12 - Types - weath | 23 /10 /51 19 / 2. Alciga T. Lociek oldo E. Eurrich Cit. Tydd.

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Modern . Unitey - Come Prederick, Maryland

	DIVISIO	N OF STATIS			LAND STATE DE	, 301 W. PRESTO	N STR		MORE 1, I	MARYI	AND	
	0376	6		31.8	CERTIFICAT	E OF DEATH	+			1/0	75	5
1.	PLACE OF DEAT a. COUNTY Freder				MARYLAND	2. USUAL RESIDEN a. STATE Marylan		b. (f institution: QUNTY Frederi		before as	lm(ssion)
	b. CITY OR TOW	N (if outside corp and give nearest	orate limit	ts,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I					e neares	t town)
	Breder	ick			Day	Rural				10	-1	
	d. NAME OF HO	SPITAL OR INSTIT	JTION (If n	ot in hos	pital, give street address)	d. STREET ADDRESS				1	ON A	IDENCE ARM?
Fi	rederick	Memorial	Hospi	tal		Walter	Mart	z Road			ES X	No 🗌
3.	NAME OF DECEASED		First		Middle	Last	4. DA	TE N	onth	Day	Yea	ar
	(Type or print)	WALTE				MARTZ		ATH Marc		23		66
5.	SEX	6. COLOR OR RA	CE 7. MA	RRIED	I HEACH MINKKIED	8. DATE OF BIRTH		last birthd	ars IF UNDER	R 1 YEAR Days	Hours	Min.
_	fale	White		OWED		arch 9, 189		69 yr	s.			
10a	. USUAL OCCUPAT Ing most of work	ION (Give kind of wing life, even if re	ork done tired)		ID OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C			C	OUNTRY	OF WHAT	
_	Retired			Dair	y Farmer	Frederick			Land	U.S.	.A.	
13,	FATHER'S NAW					14. MOTHER'S MAII						
-	Char		on Ma			Elizabe	th Cr					
15 (Ye	s, no, or unkown)	EVER IN U.S. ARME (If yes give war or da	D FORC ES? tes of service	16. 8		ter A. Mart	z. Ye		rings.	Md.		
	18. CAUSE OF	DEATH [Enter only	y one cause	e per lin	e for (a), (b), and (c).]	1				INTE	RVAL BE	TWEEN
	PART 1. DI	EATH WAS CAUSED IMMEDIATE CA	BY:	(00	ribial her	world	98			ZZ	ET AND	Wes
	443,	V	UE TO	11	11 . +2	- : 00	K	/)		-	-1111	
	Conditions, If	any, which \	(b)	V	yperen	sing 1	200	(,))	200	12
	gave rise to cause (a), s underlying caus	tating the	OUE TO						877	/		
NO				NTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE	ONDITION GIVE	N IN PART 1(a)	19.	WAS AL	TOPSY
CAT			no se							YE	PERFOR	NO SO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF TIFY MEDICAL EX	DEATH	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f injury i	n Part I or Part	II of Item 18	3.)		
		INJURY Month, D		204 INI	JURY OCCURRED 120e. PLA	CE OF INJURY (Home, f	arm 20	f. (City or tow) (Co	unty)	/5	state)
MEDICAL	Hour a.i	m.		While at work	Not While facto	ry, street, office bldg.,		M	/ .	<i>(</i> /	,	state)
	21. I certif	y that (i) (this I	nospital) a	attended	the deceased from			to_11/10/	23, 196		at (i) (v	
		ceased alive on.	ms	1ch	$\frac{2319}{6}$, and that	t death occurred at	M CC:	none the cau				above.
	22a. SIGNATU	RE	() ()	1/.		ATTENDING	MED	STAFF	The state of the s	DATE SIG		
	OO DUVOIDA	Jennina	VC	1000	M.I	D. PHYS. 22d. ADDRESS	MED. DIRECTO	R PHYS.	Marc	ch 2	3, 19	766_
	NAME (T	ype) 13.0.	7 Non Davis	nas. M.	D. MB		Mar	ket Stre	et, Fre	eder:	ick,	Md.
23a			TE THERE	OF	23c. NAME OF CEMETER	OR CREMATORY	23d.	LOCATION (CIT	y, town or co	unty)	(St	ate)
	REMOVAL (Sp Burial	March	1.26.	196	Mount Olivet	Cemetery	F	rederick	, Mary	Land		
24	. FUNERAL DIRI		Con	ald	MADDRESS Fade	eley 25a. P.	C'D BY R	EGISTRAR 25b	REGISTRAF	S'S SIGN	ATURE	11
	M.	R. Etch	ison &	& Sor	Frederick, M	lary and ATE	IN & C	1966	Milian	les 5	udg	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 1/65 AI5

AND THE RESIDENCE OF THE PARTY and the characterist reduced states and the same a feeting - new production of the second second second The second market with the second sec Address of the Control of the Contro in the control of the control o maken decreased to the second of the second

DIVISION OF STATISTICAL

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE 1 MARYLAND

	0376	Ttom	CERTIFICAT	E OF DEATH	TOTALLI, DALLIMORE I	13757
1.	PLACE OF OEAT a. COUNTY	H Item	#2 FilmG376 5/1	24 JUSUAL RESIDENCE	E (Where deceased lived, If institution:	Residence before admission)
	a. COUNTI	Frederick	MARYLAND	a. STATE Mar	yland b. county F	rederick /
	b. CITY OR TOW	/N (If outside corporate limits, and give nearest town)	c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RUR	AL and give nearest town)
		Frederick	27 years	Fre	ederick	10-1
	d. NAME OF HO	SPITAL OR INSTITUTION (if not I	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Frederi	ck Memorial Hos	spital	Md. Odd Fe	ellows Home	YES NO A
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Josephin	e 1. M	athem	DEATH Mar.	19 1966
5.	SEX	6. COLOR OR RACE 7. MARRI	EO NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUNOI last birthday) Months	R 1 YEAR IF UNOER 24 HRS. Days Hours Min.
F	emale	White widow	ED OIVORCED	Dec. 17- 188	35 80 yrs.	
10a dur	. USUAL OCCUPAT	FION (Give kind of work done 10th	D. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (COL	unty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	Retired	IR.N. In	stitutional Nurs	e Lynchburg-	· Va.	U.S.A.
13.	FATHER'S NAM	1E		14. MOTHER'S MAIDE	EN NAME	
	Not	available		Not a	vailable	
		(If you nive war or dates of carries)		INFORMANT	Address Are	lington-Va.
,,,	No		577- 16- 0630 Mr	s. Louise Bu	rke-134 N. Oaklan	d St
	18. CAUSE OF	OEATH [Enter only one cause po	er line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. O	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ilatenthe	enman		ONSET AND DEATH
	420	O OUE TO	1		0	
	Conditions, If	any, which) (b)	teriorderi	- Heart	derease	5 mat
	gave rise to cause (a), s					
	underlying caus					
CERTIFICATION	PART II. OTHER		IBUTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
ICAI		Slaurenna	Politica	9		YES NO NO
F	20a. ACCIOENT	WAS UNDERLYING 1 20b	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item 1	18.)
	(IF EITHER, NO	TIFY MEDICAL EXAMINER)				1000
CAL			I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or town) (C	ounty) (State)
MEDICAL	Hour a.i	1 1111	vork Not While	ry, street, office bldg., et	c.)	
-		fy that (I) (this hospital) atte		8 Dec 19	65 to 19 Mar. 19	66 that (I) (we) last
		ceased alive on / 8 mm	1966 and that		M, from the causes and on	
	22a. SIGNATU		^1		22b.	OATE SIGNEO
	7	Jenny 1/1 (have M.C		MED. STAFF PHYS. / 9	March 66
	22c. PHYSICIA NAME (T	AN'S voe)	11 11	22d. ADDRESS	1015	1 21 1.1
		Tenry	Vichase	146.14	urch str	eden CK, Md
23a	BURIAL, CREA	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
	Burial	March 22-66	Mt. Olivet Ce	metery		21701
24.	FUNERAL DIRI	Elwood,	ADDRESS Whit	more 25a. REC	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
	M.R.Etc	hison & Son	Frederick-Md. 2	1701 OAMAR	22 1966 Ochme	10.0.100

VR AI5 (4) 20M 1/65

with two that him . Mar Le Columbia to the control of the column and the colum .c - municipal resident functions that the state of the s aldalisms call maging the second of the secon THE RESERVE THE PROPERTY OF THE PARTY OF THE 보기 보고 교회에 대답하는 생각 그래 생각이 다른 생각 The second second MARKET TEACHERS TO THE PROPERTY OF THE PARTY LINE OF HOUSE AS TOURS OF THE ASSESS FORE

FOR STATE HEALTH DEP

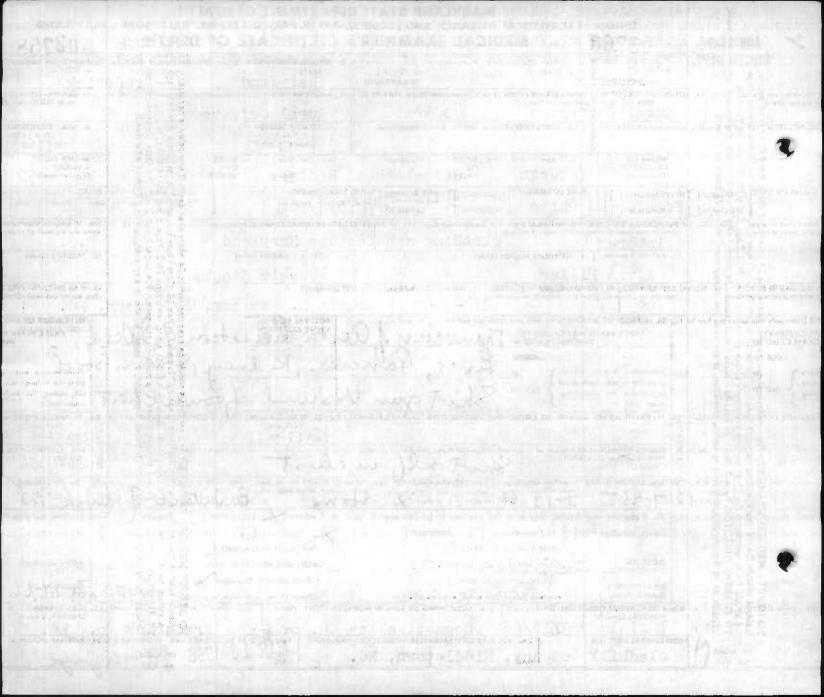
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL DESCRIPCH AND DECORDS 201 W DESTAN STREET DAITIMORE & MARVIAND

03768	MEDICAL EXAMINER'S		The state of the s	03758
1. PLACE OF DEATH •. COUNTY Frederick	MARVI AND	2. USUAL RESIDENCE (Where dace a. STATE	B. COUNTY	Residence before admiss

١.	1. PLACE OF DEATH • COUNTY			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)								
		Frederick			a. STATE b. COUNTY The desired and							
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b			Maryland Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
		write RURAL and	give neerast town)	,	7					the ROKAL and Sixa neers lowing		
	1	Rural Je	fferson		1 year		Rural J	effers	son	10	_ /	
		d. NAME OF HOSPI	TAL OR INSTITUTION (f not In hos	pital, give straat addre	35)	d. STREET ADDRESS				. IS RESIDENCE	
Λ											YES NO	
	3.	NAME OF	First		Middle		Last	4. DATE	Montl	Day	Year	
		DECEASED	Jean			h		OF	2		11	
		(Typa or print)			Elizabet		Mentzer	DEATH	3	13	19 66	
	5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH	9		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	fe	emale	white	WIDOWE			2/8/1939		27 yrs.	Months Days	Hours Min.	
	10a	. USUAL OCCUPAT	ION (Give kind of work	10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign cou	intry)	12. CITIZEN C	F WHAT COUNTRY?	
	doi	7 7	orking life, even if retire	0701	thing man	ufac	ture Mary	haef		TT	S.	
	12	Laborer FATHER'S NAME		Ψ	Ditter B Midit	a Lac	14. MOTHER'S MAIDEN			0.	٥.	
	13.											
		Alvin					Bessie	Stauk	OS			
			ER IN U.S. ARMED FOR		SOCIAL SECURITY NO). 17. II	FORMANT		Address			
	110	no	fyasgiva war or detes of s	211	H-34-9612	Rot	ert L. Me	ntzer.	Jeffe	rson. N	ld.	
	-	18. CAUSE OF I	EATH [Enter only one	causa par l	3 /			10201	001		TERVAL BETWEEN	
			H WAS CAUSED BY	+		10	a to stop			VIO- ON	ISET AND DEATH	
			IMMEDIATE CAUSE (a)	nan	merun	of a	and sale	LAUTU	ny	Bully.		
		1976X DO DOLLAR VILLE OF A RICHARD										
		Conditions, if any, which y the twee Janacas, reaney, tomach Have										
		geve rise to immediate couse										
	П	(a), stating the underlying DUE TO Start Ocean Wiscons Character Classification Character Classification Character Classification Character Charac										
	_	EQUISE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 1 19, WAS AUTOPSY										
	[ģ	PARI II. OTHE	ESIGNIFICANT CONDI	HONS CON	TRIBUTING TOWNER TH	BUINO	KELATED TO THE TERMI	NAL DIMEASE	CONDITION GIV	EN IN PART 1(e)	PERFORMED?	
2	CERTIFICATION										YES NO []	
"	Ē	20a. EXTERNAL CA	AUSE WAS 2	Ob. DESCR	IBE HOW INJURY OC	CURRED.	Enter nature of injury in	Pert I or Pert II	of item 18.)			
	MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yes	er 20d.			E OF INJURY (Homa, fare		or town)	(County)	(State)	
	ig I	- Hour	3-13 196	6 While		1 1	ry, streat, office bldg., etc	"Rush	Handle.	- Frada.	1-m.l	
	2	21 I cortify the			L L	ove pel	d an Autopsy	Inspection	Inquir	v D and	in my opinion	
		The second second									m my opmion	
		death resulted	from: Natural ca	uses	Accident,	Suicio	de Homicide		determined m	anner		
			01.	1)			CHIEF MEDICAL	EXAMINER				
		ACTUAL SIGNATURE	300L	on	ras		M.D. ASSISTANT MED	ICAL EXAMIN	ER 🗌	r	ATE SIGNED	
		EXAMINER'S					DEPUTY MEDICA	L EXAMINER	2		2-14/1	
2		NAME (Typa)	B.O.Tho	mas, S	r. M.D.		Address (Street,	city, town, or	county) Fr	ederick	118-66	
	220	BURIAL, CREMATIC REMOVAL (Specify		OF	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCAT	ION (City, town	, or county)	(Stata)	
0		burial	3/16/6	6 +	ocust Va	llev	Ch. of G	od F	rederi	ale co	MA	
1	23.	FUNERAL DIRECTO			ADDRESS	4.1.67	24m, RE	C'D BY REGISTI		ISTRAR'S SIGNATI	Md .	
1		Gladhil		7/14 6	ldletown,	MA	MAR	16 10	50 000	10 0 1		
		GLAGHILL.	r combany	9 1117	are cowil,	II.U a	DATE	~ 0 10	7	willy ye	edge	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME



MADVI AND STATE DEDADTMENT OF HEALTH

	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
03769	CERTIFICATE OF DEATH	03759

1.	PLACE DF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
_	Frederick MARYLAND	Maryland Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Lifetime	
100	Frederick	Frederick /0-/
	d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS 6. IS RESIDENC ON A FARM?
	Frederick Memorial Hospital	22 Winchester St. YES NOT
3.	NAME DF First Middle DECEASED (Type or print) Charles Irving	Michael DATE Month Day Year DF DF March 1st. 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
1	lale White WIDOWED DIVORCED	June 15- 1899 (ast birthday) Months Days Hours Min
108	a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR ring most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- uui	Miller Flour Mill	Frederick Co. Md. U.S.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Samuel Curtis Michael	Mary Frances Williams
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 1	. INFORMANT Address Frederick. Md.
(Y	es, no, or unkown) (If yes give war or dates of service)	12cdc22dky May
	No 214-10-2876 M	rs. Raymond Boyles-22 Winchester St.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOWA	HEAD OF PANCREAS IUR,
	157 Y	
	Conditions, if any, which)	
	gave rise to immediate	
	cause (a), stating the DUE TO	기상이는 다른 집 중요하는 지나 하는데 네 시간을 때
2	underlying cause last. (c)	LO WAS SUTOPOL
은	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT R	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S		YES YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While	ctory, street, office bidg., etc.)
Z	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from.	427 , 1969, to 3/1 , 1966, that (I) (we) la
-	saw the deceased alive on 3/1 1966, and t	nat death occurred at 8 M, from the causes and on the date stated abov
	22a SIGNAJURE	22b. PATE SIGNED
	THE IN A CESTIC	A.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 3/1/66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Dr. John H. Teske	700 Montclaire AveFrederick, Md. 2170:
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	
238	REMOVAL (Specify)	
-	Burial March 5-1966 Mt. Olivet	
24	M.R. Etchison & Son-Wook Frederick, Mc	21701
	THE TOTAL OF THE PROPERTY OF T	DATEAR A 1966 Clearles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after detth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

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3.4						5 .
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		2539101-0		and the last		
	.42 35	istra)		S. Assault	Le Properties	
					and desired	
			death sold			
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					Loudain siits	act America
	ALC: NO.					
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				omito de	6 91- 10111	1004
			THE S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after depting

VR AI5 (4) 20M 1/65 0

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF OEATH				E (Where deceased lived, If institution	: Residence before admission)
Frede	erick	MARYLAND	a. STATE Maryland	b. COUNTY Frederi	ick
b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	C. LENGTH CF STAY IN 1b		outside corporate limits, write RUR	
Frede	Prick	Days	Buckeyst	own	10-1
d. NAME OF HOS	SPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS	J111	e. IS RESIDENCE
	Memorial Hospital		Buckeyst	own, Maryland	ON A FARM? YES NO 3
3. NAME OF DECEASED	First	Middle	Last	4. OATE Month	Day Year
(Type or print)	ERNEST	L.	MOGG	DEATH March	26 19 66
5. SEX	6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNO last birthday) Months	ER 1 YEAR IF UNOER 24 HRS.
Male	White WIOOWED	DIVORCEO S	ept. 29, 18	86 79 yrs. Months	Days Hours Min.
10a. USUAL OCCUPAT		NO OF BUSINESS OR			CITIZEN OF WHAT COUNTRY?
Retired	Sel	f Employed	Philadelphi	ia. Pa.	U.S.A.
13. FATHER'S NAM			14. MOTHER'S MAID	EN NAME	
Wil	liam Mogg		Unknown		THE COLUMN
15. WAS DECEASED	VER INU.S. ARMEO FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown)	(If yes give war or dates of service)	one Geo	was P Mora	Buokowet own Max	and and
	DEATH [Enter only one cause per li		TEG I. MORE	, Buckeystown, Mar	I INTERVAL BETWEEN
	ATH WAS CAUSED BY:	ne rot (a), (b), and (c).	1 4,	1 1 1	ONSET AND DEATH
0 1	IMMEDIATE CAUSE (a)	ronce my	lleytu	Leubenda	8 mentes
204/	DUE TO	0			
Conditions, if					
cause (a), st	ating the DUE TO				
underlying caus					
PAKI II. UTHER S	IGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3.					YES NO 2
PART II. OTHER S 20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNOERLYING ☐ 20b. D NG ☐ CAUSE OF DEATH THY MEOICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item	18.)
	1	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fai	rm, 20f. (City or town) (C	county) (State)
20c. TIME OF I Hour a.m	111110	Not While facto	ry, street, office bldg., et	c.)	
			-0 -		//
	y that (I) (this hospital) attende		19	66, to M41-26, 19	up, that (I) (We) last
saw the dec		6 19 66, and that	death occurred at	M, from the causes and on	OATE SIGNEO
220. 310114101	W Wildick	M.D	ATTENDING PHYS.		1.26,1966
22c. PHYSICIA NAME (Ty	N'S		22d. ADDRESS		
Walle (1)	W. J. Reddick,	M. D.	Frederic	k Medical Center.	Frederick, Md
23a. BURIAL, CREM	ATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or	
REMOVAL (Soe Buria	March 30, 1966	Mount Olivet	Cemeterv	Frederick, Mary	land
24. FUNERAL DIRE		he ADORESS falle	la 25a. REC	O BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
M. F	R. Etchison & Son,	Frederick, Mc	OATEMA	R 3 1 1966 Aclia	rees Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	03611		CERTIFICA	E OF DEATH			113761
1.	PLACE OF DEATH			2. USUAL RESIDENC	E (Where deceased lived	If institution: Reside	nce before edmission)
	a. COUNTY Fre	ederick	MARYLANI	a. STATE Mary	land b. co	Fred Fred	lerick
	b. CITY OR TOWN (in	f outside corporete limits, give neerest town)	c. LENGTH OF STAY IN	b c. CITY OR TOWN (If	outside corporate limits, v	rrite RURAL and give	neerest town)
	Ru	ral- Ijamsville	Lifetime	Rura	al- Ijamsvil	Le	0-1
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in I	hospital, give street eddress)	d. STREET ADDRESS			ON A FARM? YES 120 NO
3.	NAME OF	First	Middle	Last	4. DATE M	onth Day	y Yeer
	(Type or print)	William	Maynard	Montgomery	DEATH Mar	ch 1-	19 66
5.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		ars IF UNDER 1 YEAR	R IF UNDER 24 HRS.
	Male	White widow		Nov. 29-1884	lest birthde 81 yrs	Months Doys	Hours Min.
10:	. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Count	y & Stete, or foreign coun	ry) 12. CITIZEN	OF WHAT COUNTRY?
de	Farmer			Frederick	Co. Md.	Uas	5.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		
	Geor	rge Wilson Mont	gomery	Mary El	Lizabeth Cra	wford	
	WAS DECEASED EVE	ER IN U.S. ARMED FORCES? 1		7. INFORMANT	Add	ress	
(Ye	No No	yesgive wer or detes of service)	NONE M	r. Rayner Monta	gomery- Near	Frederick	k, Md.
	18. CAUSE OF D	EATH [Enter only one cause pe	er line for (e), (b), end (c),]				NTERVAL BETWEEN
		H WAS CAUSED BY:	on annally	ed Arterio	Musis		DARMA +
	145 A	DUE TO		17 -100-0			1
	Condition 14		V			-	
	Conditions, if eny	ete cause					
	(a), stating the us	ndarlying DUE TO				- 100	
	causa last.) (c)					
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(e)	PERFORMED?
FICA	200. ACCIDENT W	AS LINDSPICATION TO 1 201	DESCRIPE HOW INHIPY OCCI	JRRED. (Enter nature of injury in	Part I or Part II of item 18		153 [] 140 [3
CERTI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJOKE GCCC	AKED. (Emer nature of injury in	ratif of ratif of name is.		
MEDICAL	20c. TIME OF INJU			PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.)		(County)	(State)
MED	Hour a.m.		hile Not While vork et work	Totally, strong office bldg., etc.)	1		
		hat (I) (this hospital) atte					
	saw the deceas	ed alive on Mul.	19.0%, and the	hat death occurred at .2:	20, from the cause	es and on the d	ate stated above.
	228. SIGNATURE	dick, md for	J.R. Poine	ATTENDING M	ED. STAFF	March	22b. DATE SIGNED
	22c. PHYSICIAN'S		Dr.W.J.R	iddi che. ADDRESS			
	NÂME (Type)	Dr. J.R. Poi	rier or	Frederick	Medical Cen	ter-Frede	rick-Md.
23		ON, 236. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City	town or county)	(State)
	REMOVAL (Specify)	124	C 354 07 3	Oam at arem	Transferrible	MA 2770	1

REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE Elward T. ADDRESS Whitmore
M.R. Etchison & Son Frederick, Md. 21701

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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executed within 24 hours after

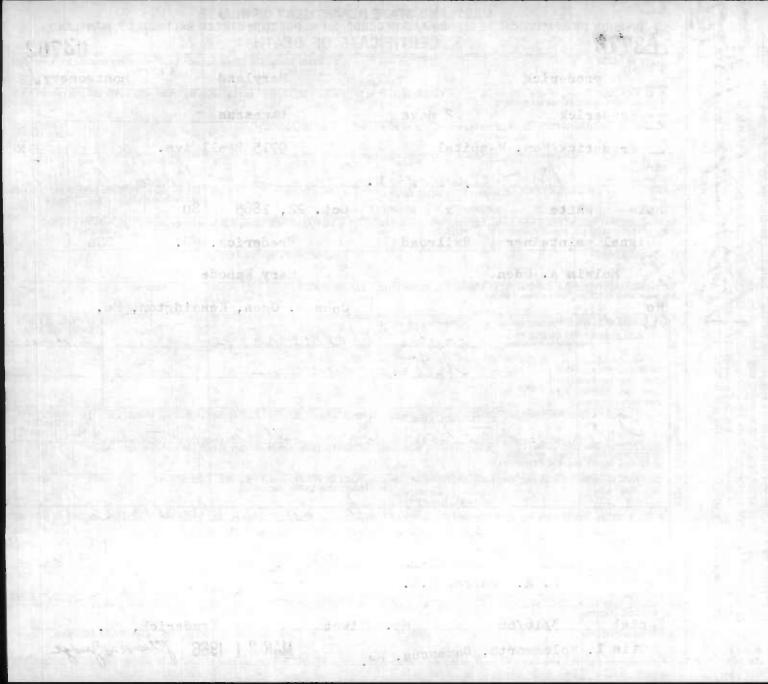
extremi entremit - inui all byeneta -unions -1 street than grant to be the same that I want I w Male Miller - North Theory 29-1805 Ereceptica Co. Ha. STOREST MILITARIAN STATE Coor to Milison Markguing Month of the Hayner Month weety - Moure Properties, Mo. was beginned that the purpose the Richard Andrews Barran and the Company of the Compan Turini March 1-19th Mt. Witrob Damaruny Eredation, Co. Aller A. Shelleon & Jon Prederick, 26. 2101

03772

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	03772			CERTIFI	CATE	OF DEATH	1 9	KON III.		03762
	PLACE DF DEATI a. COUNTY	rrederick		MARYI	IAND	2. USUAL RESIDENCE a. STATE Mar		sed lived, If inst b. COUNT	itution: Reside Montg	omery
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tov	ite limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	outside corpo	rate limits, writ	te RURAL and	give nearest town)
	Fred	erick		2 days			ascus		1.	2
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in h	ospital, give street a	ddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Fred	erick/Mem.	Hospi			971		Ave.		YES NO X
3.	NAME DF DECEASED (Type or print)	Mr	Free	lever 1	1.0	den	4. DATE OF DEATH	Month	1 13	3 1966
5.	SEX	6. COLOB OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. /	GE (In years I ast birthday)	FUNDER 1 YE Months Day	AR IF UNDER 24 HRS.
	Male	White	WIDOWED	DIVORCE	0 0	ct. 22, 1	885	80 yrs.		
		TION (Give kind of work ing life, even if retire	ed) I	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C			COUNT	
		maintaine	er	ailroad			erick,	Md.	USA	
13.	FATHER'S NAM	1E				14. MOTHER'S MAI				
		lvin A. Od					Kanode			
15.	WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO). 17. I	NFORMANT		Addres	S	
1,	No	(11)			J	ohn R. Od	en, Ken	sington	, Md.	
T	18. CAUSE OF	DEATH [Enter only or	ne cause per	ine for (a), (b), and (c			0		1.10	TERVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY	Y: ()	nobel	1/10	more	1100			2 Lege
	221	W				0	1			
	Conditions, If	any which \	(Intine	200	ling	7_			
	gave rise to	Immediate	(b)	Jour ou	1	0001700				
	cause (a), s underlying cau	rating the	E TO						1-3-10	
N N		SIGNIFICANT CONDITI	(c)	LITING TO DEATH BUT N	NOTRELAT	ED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN I	PART 1(a), 1	19. WAS AUTOPSY
ATIO	1	T 4	0 7	7/	h	-11	0	+ I	0	PERFORMED?
191	O A A COLIDERIA	Ceru sci	levelic	DESCRIBE HOW INJU	DY OCCUL	DED FERTOR DATUES	Ch Cy	Lor Part H of	Itom 18)	IES [] NO [S]
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATHER MEDICAL EXAM	ATH INER)	DESCRIBE HOW INJU	KT OCCOR	KED. (Eliter hatere t	n nijury to ran	. Tor raity of	10.7	
AL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, f		Ity or town)	(County)	(State)
MEDICAL	Hour a.	m. m. 19	While at wor		factory	, street, office bldg.,	etc.)	1 a		
-		fy that (I) (this hos	(pital) attend	led the deceased f	rom 1	arch 11 .	1966 to	rand 1	3 1966	that (I) (we) last
		ceased alive on		3 1966.	and that	death occurred at	540 M. from	the causes	and on the	date stated above.
	22a. SIGNATU		1		atio tilat	40411 00001104 41			22b. DATE	SIGNED
		(1.(1	U,	6228	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3/1	3/66
	22c. PHYSICI			www.	11120	22d. ADDRESS	,	. 1	2 1/	-
	NAME (T	ype) A. A.	. Pearr	e, M.D.		V	ederic	K /	no	
23a	BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CI	EMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county	(State)
	Burial	3/16	166	Mt.	Oliv	et	Fr	ederick RAR 25b. R	Md.	
24	. FUNERAL DIR	ECTOR		ADDRESS		25a. RI		RAR 256. R	EGISTRAR'S S	IGNATURE
	Olin	L. Moleswo	orth, I	amascus.	Ma	MAK	2 1 196	6 face	arles &	noge

VR A15 (4) 15M 4-64



FOR STATE
HEALTH DEPT.

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03773

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		4)	9	M.	0	10
Rea.	Diet	N	Q	6	6	3

1. PLACE OF DEATH o. COUNTY Fraderick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY To and one of the country of the cou
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town)
Rural (Frederick) 2 years	Rural Frederick
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Rt 4 Frederick. Md	Rt 4 Frederick YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) John Thomas	Offord DEATH March 14 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male Negro WIDOWED DIVORCED	10/21/1899 66 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Canning Factory ********	Fred Co, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Offord	Lucy English
	INFORMANT Address Frederick, Md
	Jola Hall 160 W. All Saints St
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive	Heart Failure
HAR X DUE TO	
Conditions, if ony, which) (b) Arteroscle:	rotic Heart Disease
gove rise to immediate couse	
couse lost. (c) Diabetus M	elitus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED.	YES NO
20g. EXTERNAL CAUSE WAS PRIMARY 0 r CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enler nature of injury in Part I or Part II of ilem 18.)
	ACE OF INJURY (Home, form, 120f. (City or lown) (Caunty) (State)
Hour o. m. While Not while for	tory, street, office bldg., etc.)
21. I certify that I taok charge af the remains described abo	ave, held an Autapsy Inspection Inquiry and in my
opinion death resulted fram: Natural causes Accident	
Accident	
ACTUAL PROPERTY	CHIEF MEDICAL EXAMINER
SIGNATURE OF THE STATE OF THE S	M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S B. O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER 3/14/1964
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, Iown, or county) (Slote)
Burial 3/17/1966 Hopenill	Frederick Co. Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
C.E. Hicks, 111 Frederick, Md	QXIEIL TO 1900

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate ward "pending" in pending in Item, 18. Give Pages 1, 2, and 3 to the functor director. Page 4 should be fit ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayed, and in any event within 12 hours ofter death. VS. A15ME 5M 2/57

The Line Body of Legister - Diesis BIRTH X + CELY OF THE AUTHOR WINDOW, 21 and the same which the same of the

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	(11.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03776			CERTIFIC	AIL	JF DEA	IH				- ()	370	4
1.	PLACE OF DEATH	H			11 2.	USUAL RESID	ENCE (W	here deceased	lived. If insti	itution: R	esi dence	before ac	mission)
	e. COUNTY	Frederick				a STATE			b. COUNT	TY			
	MARYLAND					Maryland I					Frederick		
	b. CITY OR TOW Write RURAL	1b c. 0	ITY OR TOWN	(If outsi	de corporate	Ilmits, writ	te RURAL	and gly	e neares	t town)			
			Frederick /6-/										
	d. NAME OF HOS	ess) d. S	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?					
	Fred		2	213 E.	. 7th.	St.		Y	ES 🗌	NO C			
3.	NAME OF First Middle DECEASED					Last	4.	DATE	Month		Day	Yea	ar
	(Type or print)	Type or print) Edward Summerfield			Ri	Rice OF DEATH March					12- 19 66		
5.	SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED				TE OF BIRTH			(In years I				
	Male	White	WIDOWED		Sep	t. 7- 1	1888	77	birthday) 7	Months	Days	Hours	Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT													
during most of working life, even if retired) Retired Employee Telephone Co. Frederick Co. Md. U.S.A.													
13	FATHER'S NAM		10.	tephone co.		MOTHER'S M				1	J . W .	ra e	
	Olin				44.	morner o n	INTER IN	run =					
16			00502 10	DOOLAL DEGUIDITY NO. 1		Emma Ri	ce		Address				
(Y)	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates or	service)	. SOCIAL SECURITY NO.	17. INFO				***************************************				
	No		_ 21	2- 05- 0814	E. Br	yan Ric	ce- 3	18 Parl	Ave.	-Free			
				line for (a), (b), and (c).]	11/1	1 1	-/		7 1 1 h			RVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, If any, which \ (b) Conditions, If any, which \ (c) DUE TO Conditions, If any, which \ (d)												
													10.
	gave rise to immediate											-	
	cause (a), stating the DUE TO												
underlying cause last. (c)										WAS AL	TODEV		
T10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
-10													NO 3
RTIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)												
MEDICAL CERTIFICATION	(IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMIN	ER)										
CAL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20e	PLACE OF	INJURY (Hom	e, farm,	20f. (City	or town)	(Cou	inty)	(5	State)
ED	Hour a.r		While	MOT WITH	factory, str	eet, office bld	g., etc.)						
Z	p.1		at wor		. Leek	N	20 60	2. 20	anol)	3 10 %	7. 1	at (IV 6)	ua) laat
	21. I certify that (I) (this hospital) attended the deceased from 19 to												
													anove.
	ATTENDING MED. STAFF Wash 15 19											9/1	
22c. PHYSICIAN'S 22d. ADDRESS											12/	160	
	NAME (T)	vne)	. T D	ani a		_		Dida	Ennd		e M.	4 2	1701
_	805111 4		y T. D		1-	rofessi							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)													(ate)
Burial March 15-1966 Mt. Olivet Cemetery Frederick, Md. 21701													
24	. FUNERAL DIRE	. Elwoo	LTI	ADDRESS 716	itmo	le .	REC'D BY		HAI!			ATURE	
	M.R.Etch	ison & Son-	- F	rederick, Md	. 217	01	R 14	1966	Jely	arle	Jus	192	

VR A15 (4) 15M 4-64

by the property of the second 1 212- 05- 011- 1 Revai elor- 318 files ave.-Presentario . Hele - sale release - ; avel de aleman rest esta de la companya Marie 1981 and the second of t Service and the service and th

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one e	1-tr
D d	or P
9:20	2 2
ing s	s a
cat	p p
"pe	be used as a burial-transit permit. File pages 1 and 2 with the State Department of ial, cremation, or removal, and in any event within 2 hours after death.
8-0 m	al
	certificate should be executed within 24 hours after death. If any delay is necessary, Tod' pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 70 1 Examiner's Office along with form PM3. Page 70 1 evaluated for your files.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. county ederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Rural Mt. Pleasant Mt Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route#1 Frederick YES NO X 3. NAME OF First Middle Last 4. DATE Day Y евг DECEASED DEATHMarch 1966 (Type or print) Calvin 17 Ropp Earl 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months [August Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired Construction Middletown, Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Walters William Franklin Ropp 15. WAS DECEASED EYER IN U.S. ARMED PORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give we ror detes of service) Mrs. Betty Jane Ropp Frederick .Md .#1 No 18. CAUSE OF DEATH [Enter only one Quee per line and (d.) Congestiven Heart Failure INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e Liver DUE TO Conditions, if any, which (6) gave rise to Immediate cause **DUE TO** (e), steting the underlying Chronic Alcoholic sause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? TO DEPUTY MEDICAL EXAMINER: This ce please execute the certificate, writing the word 4 should be forwarded to the Chief Medical TO PUNERAL DIRECTOR: Page 3 should be Health or its designated against a contraction. NO T 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20s. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) B.O. Thomas, Sr. M. B Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial March 1966 Zion Lutheran Middletown 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 1966 Mversville 5M 1/63

tem 18 Film G375 4/4 MARYLAND STATE DEPARTMENT OF HEALTH

12 A 11 C A 1 C 1 L THE PROPERTY OF THE PARTY OF TH 1. 7 yd. 19 V. 741

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03776 CERTIFICATE OF DEATH

	TION TROUGHT BEART
1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Trederick	Frederick /6-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
FREDERICK MEMORIAL HOSP	Route #5, Edgemont Rd. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) LLAINE DENISE	SAXON DEATH MAR / 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH MAK 66 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM SAXON	CONSUELD HERNANDEZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMON ARY	ATELECTASII
/625 DUE TO	
Conditions, if any, which gave rise to immediate (b) PMMATURIT	Y
cause (a), stating the OUE TO	
underlying cause last.) (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TILL TO THE COURT OF THE COURT	PERFORMED? YES NO NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH CON	JRREO. (Enter nature of injury in Part i or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1 May, 1966 to 1 may 1966 that (1) (we) last
	t death occurred at 8 m, from the causes and on the date stated above.
22a. SIGNATURE M. PREMIUL M.	D. ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. 1 Man 6 6
22c. PHYSICIAN'S F. J (+ELONIC I+	22d. ADORESS Madeus Mad
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City town or county) (State)
REMOVAL (Specify)	
24. FUNERAL OIRECTOR ADDRESS	MORIAL HOSPITAL FRED ERICK FREDERICK MD. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
is Doved young tall	DAGRAR 4 1966 golianley Judge
6-197074	

CENTRAL OR MICHINGRA MEDICAL MEDICAL CO. LELIGING DENINE SHICK 22 March 4-12-14 TOTAL SHOW SHOW CONTRACTO HERENAMORY WHENDER THE WARREN STEELE CHANGE THE PROPERTY OF THE PARTY OF TH BURG OF I MURE TOR 4.214022, The time and the state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2777
CERTIFICATE OF DEATH

1.	PLACE DF DEAT a. COUNTY	***************************************				STATE Mar		eceased lived, If b. CO	Institution: R	Residence before admission ederick
		rederick		MARYLAI						
		VN (if outside corpora and give nearest to rederick	ite limits, vn)	c. LENGTH OF STAY IN	t 1b c. CIT		Marke		Write RURAL	and give nearest town
			ON (If not In h	nospital, give street add	ress) d. STR	EET ADDRESS	S			e. IS RESIDENCE
	F	rederick M	em. Ho	spital						ON A FARM? YES ND
3.	NAME DF DECEASED	F	Irst	Middle		Last	4. DATE	Mo	nth	Day Year
	(Type or print)		iza	Wright	Sel	vage	DEAT		arch 2	- 40
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9	. AGE (In year	IF UNDER	1 YEAR IF UNDER 24 HR
	Female	White	WIDOWED	DIVORCED [y 16,1		OL yrs.		
1Da	a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 1Db. K	(IND OF BUSINESS OR INDUSTRY	11, BI	RTHPLACE (County & State	e, or foreign coun	try) 12. C	ITIZEN OF WHAT
	Housew		,4,	THE COLLECT		New M	arket,	Md.		OUNTRY? USA
13	. FATHER'S NAM	ME			14. M	IOTHER'S MA	IDEN NAME			
ш	Samu	el R. Brow	m			Jessi	e W. S	hipley		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	17. INFORM				Iress	
C	No	(If yes give war or dates		3-50-7753	Cha	rles W	. Wood	l, New	Marke	t, Md.
				line for (a), (b), and (c)		1				INTERVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	1: (a) Ler	roleral to	enio	rlia	90			ONSET AND DEATH
11	33/				<i>y- 100.</i> 0_		1		- 1 - 1 -	
	Conditions, If	any, which	(b)						SIVER	
	gave rise to cause (a),		TO TO							
	underlying cau	stating the	(c)							
NO	PART II. OTHER	SIGNIFICANT CONDITI		UTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL	DISEASE CO	NDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
CAT										PERFORMED?
CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAM	TH 2Db.	DESCRIBE HOW INJURY	OCCURRED. (E	nter nature	of Injury In F	Part I or Part I	l of Item 18	J.)
MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day,		INJURY OCCURRED 2De	factory, street	JURY (Home,	farm, 20f.	(City or town)	(Cou	unty) (State)
MED		.m. 19	While at wor	Not While at work	0					
	21. I certi	fy that (I) (this hos	pital) attend	ded the deceased from			1965, to		2/ , 196	that (I) (we) las
m		eceased alive on	3/2	196C, and	that death	occurred at	56 M, f	rom the cause		the date stated above
1	22a. SIGNATU	JRE				ann Inio	MED	OTACE		ATE SIGNED
	yan	nes 13. 1	hom	an			MED. DIRECTOR			22/66
	PHYSICI NAME (1	AN'S James	B. Tho	omas, M.D.	22d	ofessi	onal E	Bldg. Fr	rederi	.ck, Md.
23	a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY OR CRE	MATORY	23d. L	OCATION (CIty	, town or co	unty) (State)
	Burial	1 3/24/	'66	Family	Cemete			New Ma:	rket.	Md.
24	. FUNERAL DIR	10 lougen	th	ADDRESS			EC'D BY REG			'S SIGNATURE
	L.K.Fal	woner Fune	ral Ho	me, New Mar	cket. M	DAMA	R 28	1966 8	Charl	en Judge

VR A15 (4) 15M 4-64 CONSTRUCTION OF SECURE ASSESSMENT OF THE PARTY OF THE PAR Latinosia, mak Roimshaud a moneyista 18 11 488 1 61 2111 June landent well. vulaina il stanal il nemal . H. Callege All Jaking and School Washington - 1 525 - 07-25 Transmit Application And Application Appli and short I dollars RME on the Market was broken a long to the state of the state o

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FIFICATE OF DEATH DIVISION 3778 OF STATISTICAL RESEARCH CERTIFICATE

1. PLACE OF DEATH a. COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived, If Institution: Rea. STATE Maryland b. COUNTY F	rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Frederick Minutes	Thurmont rural	10-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Frederick Memorial Hospital	RD 1	YES NO A FARM?
3. NAME DF First Middle DECEASED (Type or print) Edna B. Shank	Last 4. DATE DF DEATH Month	Day Year / 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	
Female White WIDOWED DIVORCED	Sept. 1/, 1094 /1yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	CO	TIZEN OF WHAT
Housewife Own Home	Virginia U	UNTRY? SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Baxter	Henrietta Snapp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
No (11 yes) (17 yes)	W.O. Shank Thurmont, Md.	RD 1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leute Corona	a occlusion	Smen
1/2 - 1		
Conditions, If any, which) DUE TO	entille + dence	U-Tma
gave rise to immediate	your person or warre	1
cause (a), stating the DUE TO		
underlying ceuse last. (c)		119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour a.m. While Not While facto	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	10 Vi , 1960, to Mar 1, 1961	that (1) (we) last
	t death occurred at 10 3M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
How V. Chaze M.D	D. PHYS. DIRECTOR PHYS.	1arch 66
22c. PHYSICIÁN'S NAME (Type)	22d. ADDRESS	1 11
Henry V. Chase	46: Church St fred	erickivia
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		inty) (State)
Burriag(Specify) 3-4-66 Mt. View	Cemetery Emmitsburg Fr	ed. Co.Md.
247 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Tournon Thurmon	t, Md Man 2 1000 Ochania	Quelal.

DATEAR

etades ye.

funeral whin 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours death. Pages, why be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer death.

03779

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

031	779		CERTIFICA	TE OF DEAT	Н		03769
1. PLACE OF •. COUNTY	Frederick		MARYLAND	e. STATE	VCE (Where decessed lived, If b. COUNTING		
	TOWN (if outside corporate lin URAL and give nearest town) Frederick	nits, c. Ll	lifetime	c. CITY OR TOWN	(If outside corporate limits, write lerick	RURAL end give	neerest town)
d. NAME O	404 Thomas Av		ive street eddress)	d. STREET ADDRESS	Thomas Avenue		IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECRASE (Type or pri	HELEN		Middle RUTH	SHOOK	4. DATE Month OF DEATH March		Yeer 19 66
5. SEX Female		WIDOWED [DIVORCED	8. DATE OF BIRTH Nov. 26, 191	lo last birthday) 55 yrs.	Months Deys	Hours Min,
Homem:	OCCUPATION (Give kind of wo nost of working life, even if retin AKET	red) None		Frederick		U.S	A.
	ng Chester Kni		AL SECURITY NO. 17.		tle Fogle		
Conditions gave rise t (e), steting cause lest.		n Meta	Static Ca	1 cenoma o		O	ITERVAL BETWEEN NSET AND DEATH SOME S
20e. ACCI	II. OTHER SIGNIFICANT CONE IDENT WAS UNDERLYING RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	20b. DESCRIBE			n Pert I or Part II of item 18.)	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OF INJURY Month, Day, Y ir a.m. p.m. 19	While N		LACE OF INJURY (Home, fer ectory, street, office bldg., et		(County)	(Stete)
	rtify that (I) (this hosp deceased alive on.)				1968 to Man 9		
22e. SIGN	108N	read	0	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	3/9/19	22b. DATE SIGNED
	AE (Type) Dr. Gilc	in F. Mea			1 House Avenue		ick, Md.
Buria:	1 3/12/1	3.4	ount Olive	t Cemetery	Frederick,	Maryland	
Rober 1	t E. Dailey &	Son Fr	address ederick, M	4.000	R 11 1966 PC	cistrar's sign	udge

A15 (4) 15M 7-62

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	of a radio of 1	esia. Ni	51730	
	Leanny agroup 40		Thoras Ave au	
	Smort Service	HEUR	R JUSH	
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A 4 0	terrica, veryland	enot		re la liculo
	Throught entraph south		IIIal hash	J palvel.
The Booking of				
	annews ether aller ols	and and all	a winted ten	104

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove farbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any avent, within 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

											- 1
1.	PLACE OF DEATH							decessed lived, If b. COUN			admission)
Frederick MARYLAND						•. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (if outside corporate Ilmits, writa RURAL and give nearest fown) Frederick					lb c. C		ersvil	rporata limits, write le	RURAL and gi	ve nearest to	wn) /
-		TAL OR INSTITUTION (H	not in hospital,	give street eddress)	d. S	TREET ADDRES				e. IS	RESIDENCE
	Free	derick Mem									NO K
3.	NAME OF DECEASED	First		Middle		Last	4. DATE			Yey Ye	
	(Type or print)	James		Henry	Smi		DEAT	Tidi	rch 13		66
5.	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH		9. AGE (In years last birthday)			R 24 HRS.
	Male	White	WIDOWED X	DIVORCED	Feb.	20,18	99	67 yrs.	Months Day	's Hours	Min.
10 d	lone during most of wo	ION (Give kind of work rking life, even if retired	10b. KIND (OF BUSINESS OR INDU						OF WHAT	COUNTRY?
-	labore	r				Freder		., Md.	0	SA	
13	P. PATHER, 2 NAME				14. MO	THER'S MAIDE	N NAME				
		y Smith				Lillia	n Houc	k			
12	S. WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO. 17	7. INFORM	ANT		Address			
1.	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-44-4138	Clar	ence S	mith.	Mt. Aji	cy. Md.		
-	18. CAUSE OF D	EATH [Enter only one	cause per line to	r (a), (b), and (c).]	1	. /	7 ,	adva .	The same of	INTERVAL BI	
		H WAS CAUSED BY:	Mison	uin lum	hlin	tirle	uhone	110		UM GVA	
	204	A	0-000	ucogn	Merca	W.Juc	asser for			CVILVICA	rou_
	Condition if you had been dead of the condition of the co										
	gave rise to immediate cause										-
	(a), stating the us	nderlying DUE TO									
	cause last.) (c)_									
0	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBL	JTING TO DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASI	E CONDITION GIV	'EN IN PART 1(a		ORMED?
SAT	The Property									YES	NO 🛛
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	HOW INJURY OCCU	IRRED. (Enter :	nature of injury	in Part I or Pa	rt II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour a.m.	RY Month, Day, Yee	While	Not While		JURY (Home, fa , office bldg., e		ity or town)	(County)		(State)
X	p.m.	19	at work	at work	- 1				-		
		hat (I) (this hospita	man d		/		~~				
	saw the deceas	ed alive on	31 12	199.5, and Il	nat death o	ccurred at.	AM, from	m the causes a	and on the	date stated	above.
	2.8 SIGNATURE	2-1	-		ATI	ENDING	MED.	STAFF	Dr. Co.	22	b. DATE SIGNED
	kemi	10/15-16	uma	7	M.D. PHY		DIRECTOR	PHYS.	Mar	.13,1	
	PHYSICIAN'S NAME (Type)			1		. ADDRESS					
	NAME (Type)	James B.	Thomas,	M.D.	F	rofess	ional	Bldg. F,	rederic	k, Md	•
23	B. BURIAL, CREMATI	ON, 236. DATE THER	EOF 23c	. NAME OF CEMETER	RY OR CREM	ATORY	23d. LO	CATION (City, to	wn or county)	(Stete)
	Burial	March 1	6,1966	Gla	de		W	alkersv:	ille. M	d.	
24	SHINERAL DIRECTOR		1	ADDRESS		25a. R		STRAR 25b. RE			
	alin L	Wolsen	7 Dama	scus, Md.		AMA	R 2 1 1	1966 90	lianles!	Julas	
-						1 04446 81		1		1	
									100		

TO THE POST OF THE PROPERTY OF THE PARTY OF . in . it is the property of the state of th test ... to come the comment of the The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tapove carbon papers. Pages 1 and 2 mould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	00003									
	PLACE OF DEATH				2. USUAL RESIDEN	CE (Whare			ance bafore	admission)
	M-9	derick		MARYLAND	e. STATE	zinia	b. COUN	Loud	alla	/
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (wn)
	norm.	give neerest town)	17.6		D	-	7	(7-	2
		derick	not in hose	pital, give street eddress)	d. STREET ADDRESS	- 1	Lovetts	AITTE 5		RESIDENCE
	_		_						ON	A FARM?
		k Memoria	al Ho		Rout				-	ИО 🗌
3.	NAME OF DECEASED	First		Middle	Last	4. DAT		De	y Ye	or .
	(Type or print)	Katie		Waters	Stevens	DEA!	rH March	17.	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (in years	IF UNDER 1 YEA		R 24 HRS.
	Female	White	WIDOWE		Ont 2 78	383	last birthday)	Months Days	Hours	Min.
10a		ON (Give kind of work		ND OF BUSINESS OR INDUSTR			02	12. CITIZEN	OF WHAT	COUNTRY?
do	ne during most of wor	king life, aven if retired	1)	THE OT DOOR TOO ON IT TO COTA			of foreign dodnity,			
	Housewif	е			Virgini	a		USA		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Americus	Wenner			Catheri	ne F	razier			
	WAS DECEASED EVE	R IN U.S. ARMED FORG		SOCIAL SECURITY NO. 17. 1		P	Address			
/14	is, no, or unkown) (if	Aes & LAS Mat OL Gales Ot 29	0.0	9-60-5892	O 4-1 *	0.1	-			* -
	18. CAUSE OF D	EATH [Enter only ona	1	, - , - , - , - ,	Catherine	Stev	iens, Lo	vettsv	TERVAL B	TWEEN
	PART I. DEATH	WAS CAUSED BY:	711	. 1 . 1 . 1	- Tota	110	10110		SET AND	DEATH
	1000	MMEDIATE CAUSE (a)_	MI	union	0		ace.		JIM	_
	1792	DUE TO	7	1 elastates	10				600	10
	Conditions, if eny		PV	Hopere	Care	ues	ua_		611	(0
	geve rise to immedia (a), stating the un		(15	1			rune			
	ceuse lest.	(c)	V /	Munary 5	rele una	lell	rome	1		
z	PART II. OTHER	1-/_	IONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
TIC	/	To many	20 11	Juseralia	ed Date	100	Do 0	no 50	YES T	NO PT
FIC	20a, ACCIDENT WA			CRIBE HOW INJURY OCCURRE	eg war	D. d.L D	10 \	03/3	112	110
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	20b, DES	CKIBE HOW INJUK! OCCOR	D. (Enter nature of injury in	ran or r	arr II or Isam 10.)			
Y	20c. TIME OF INJUI	RY Month, Day, Yaa	r 20d. l		CE OF INJURY (Home, ferm		City or town)	(County)		(State)
MEDICAL	Hour e.m.		Whila at work		ory, straet, office bldg., etc.)				
×	p.m.	19		0 01		-	-	/ -		
	21. I certify th	nat (I) (this hospita	al) attend	ded the deceased from	June.	190.	10	2.1.719.56	that (I)	(we) last
	saw the decease	ed alive on	Mar	161966, and that	death occurred at.	M, fro	om the causes a	and on the d	ate stated	above.
	22a. SIGNATURE	10	0	62.		AED.	STAFE		22	b. DATE
Н	18	Mella	DI	Trees M		IRECTOR	PHYS.	MARCH	1171	1966
	22c. PHYSICIAN'S	V-			22d. ADDRESS					7
	NAME (Type)	Dr. A. T	albo	tt Brice	Jeffe	naon	Md			
23	BURIAL, CREMATIC	ON, 23b. DATE THER		23c. NAME OF CEMETERY			CATION (City, to	wn or county)	(Stete)
	REMOVAL (Specify)						ettsvil:			
0.0	Burial		9/66	Union Ceme			SISTRAR 25b. REC			
24	FUNERAL DIRECTOR	S SIGNATURE		, , , ,	J. 1111	7 7 5	10CC 97	layle,	Verdal	
		M.H.Etchis	on &	Son, Frederick	Md. DATEIA	11 4 4	1300	- rug	1	-

VR A15 (4) 20M 5-63 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

)	DIVISION OF STATISTICAL RESEAR				E 1, MARYLAND			
1.	PLACE OF DEATH	9 F1 Im G37	5 3/24766 m	h	tution: Residence before admission)			
	a. COUNTY		a. STATE	b. COUNT				
	Frederick	MARYLAND	Maryland		erick			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b		de corporate limits, writ	RURAL and give nearest town)			
	Frederick	Days	Frederick		10-1			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
FI	rederick Nursing & Conv. Cer	iter	510 Fairview	Avenue	YES NO X			
3.	NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year			
	(Type or print) LEWIS Edward	E. L. T	HOMPSON	DEATH March 12	19 66			
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years III	UNDER 1 YEAR IF UNDER 24 HRS.			
Ma	ale White WIDOWED	DIVORCED	March B. 1907	159/58 yrs.	Ionths Days Hours Min.			
108	a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR STRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT			
441	Retired B & C	No.	Brunswick, Mar	rvland	U.S.A.			
13.	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
	Edward Raymond Thompson		Ruby Shore	00				
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITYNO. 17.	INFORMANT	Address				
(16	(es, no, or unkown) (If yes give war or dates of service)	074176 Nm	Tables T m	h (Como	a= 4+== # 0)			
	18. CAUSE OF DEATH [Enter only one cause per line)	1221	s. Louise F. T	nombron(psins	as item # 2)			
	PART I. DEATH WAS CAUSED BY:	P	5. 9	Elremi	ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	manar	y Colema &	creme	a 2 MO			
	Conditions, If any, which	: 2 5/1			Lucias			
	gave rise to Immediate	rauce in	yacardiles		64163			
	cause (a), stating the DUE TO	1	2000 -		1914			
N	underlying cause last. (c)	CTODEATH BUTTOTOF	TED TO THE TEDMINAL DIDEAS	FOONDITION ON THE DE	RT 1(a) 119. WAS AUTOPSY			
CATI	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	PRRED. (Enter nature of Injury	y In Part I or Part II of	tem 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. While at work	Not While at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
	21. I certify that (I) (this hospital) attended	the deceased from	June 1968	to Mari	-19 66 that (I) (we) last			
	saw the deceased alive on 3/13	1966, and the	death occurred at 3 P.	16	nd on the date stated above.			
	22a. SIGNATURE	> .			22b. DATE SIGNED			
	(Millant	Steel M.C	ATTENDING MED.	TOR PHYS.	March 13,1966			
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

March 15,1966 Mount Olivet Cemetery

Frederick, Maryland

24. FUNERAL DIRECTOR

M.R. Etchison & Son, Frederick, Maryland

M.R. Etchison & Son, Frederick, Maryland

Date AR 16 1966

Mount Olivet Cemetery

Date AR 16 1966

Maryland

Date AR 16 1966

Jefferson, Maryland

Talbott Brice, M.D.

VR AI5 (4) 20M I/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please rendor carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after debth. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03788
CERTIFICATE OF DEATH

1. PLACE a. COU				a. STATE		DUNTY		lmission)
1 017	Frederi		MARYLAND		yland		ederick	- A A
b. CII wrl H	Y OR TOWN (if outside co te RURAL and give neare vattstown	orporate limits, c. Li	ENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattstown				
d. NA	ME OF HOSPITAL OR INST	ITUTION (If not in hospital	l, give street address)	d. STREET ADDRESS			e. IS RES ON A F	FARM?
3. NAME DECEA	SED	First	Middle	Last	DF	onth	Day Yea	
5. SEX	or print)	Elizabeth	Horine	Washburn 8. DATE OF BIRTH	DEATH Mai		1- 19 YEAR IF UNDER	66
Fema		RACE 7. MARRIED N	DIVORCED X	Nov. 9- 189	last birthda	Months I	Days Hours	Min.
10a. USUAL	OCCUPATION (Give kind o	f work done 10b. KIND OI retired) INDUST	BUSINESS OR	11. BIRTHPLACE (C	county & State, or foreign cou		TIZEN OF WHAT	
	omamaker	retired) INDOST	KI	Frederick	Co. Md.		J.S.A.	
13. FATH	ER'S NAME			14. MOTHER'S MAIL				
	Edwin M. I	Horine		Minerv	a C. Dudrow			
15. WAS D	ECEASED EVER IN U.S. ARM	MED FORCES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	Ade	dress	1-1-1-1-1	
N		577-0		loyd H. Hori	ne- Hyattstov	n, Md.		
		nly one cause per line for					ONSET AND	
	PART I. DEATH WAS CAUS	ED BY: Cardle	ac Arrest				Lea Wi	nute
140	200	DUE TO					7	
	tions, If any, which	(b) Compl	ete Heart	B Lock			1 year	
cause	rise to immediate ((a), stating the (lying cause last.	DUE TO (c) Arter	ioscleros	is & Arter	cioscl. Ht.	Dis.	Many y	rears
					DISEASE CONDITION GIVEN		119. WAS AU	TOPSY
ICATI							YES	NO X
	ACCIDENT WAS UNDERLYI ONTRIBUTING ☐ CAUSE O THER, NOTIFY MEDICAL I	NG DESCR OF DEATH EXAMINER)	IBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part 1 or Part	I of Item 18.)		
0	TIME OF INJURY Month,			ACE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or town) (Cour	nty) (S	State)
WE	p.m.		at work					
21	. I certify that (I) (this	s hospital) attended the	e deceased from		965 to Mar 3			
	w the deceased alive of	m Mar 31	19 <u>66</u> , and tha	nt death occurred at_	9:550 from the caus			above.
22a.	SIGNATURE	reaton (M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.		1-1966	
22c.	PHYSICIAN'S NAME (Type) Dr	. G. F. Meado	-	22d. ADDRESS	House Ave 1	rederi	ck-Md.21	1701
REM	IOVAL (Specify)	0 1011	. NAME OF CEMETER		23d. LOCATION (City			tate)
		vood 7.	ADDRESS Whit	mere 25a. RE	C'D BY REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	
	.R.Etchison 8	k Son Fr	ederick, Mc		8 6 1966 8	Charle		

VR AI5 (4) 20M 1/65

design to the contract of the TALL SEE ASSET OF BENEFITS . . entroll in arched STREET PROTESTS . we mickey the - bridge . In home and a sufficient for the strength of the transfer of the strength of the stren The state of the s 0201-1-15 ADMINISTRATION OF A WORLD CONTROL OF STREET Brown F. Design eini jari 3-1965 galayan inganara dan menerakan merekan dan dan merekan merekan merekan merekan merekan merekan menerakan merekan menerakan menera

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death death. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY Pages 1 s a. STATE after ederic MARYLANO c. CITY OR TOWN (If cytside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours hours 40 W Pric completely filled in d IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS YES NO DATE Month Year NAME DE 4. last DECEASED DEATH 19 (Type or print) executed AGE (In years | IF UNDER 1 YEAR FUNDER 24 HRS SEX 6. COLOR OR RACE 8. DATE **OF BIRTH** 7. MARRIED NEVER MARRIED Months | Days Hours any ameand 001 WIDOWED and in 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR HPLACE (County & State, or foreign country) INDUSTRY during most of working life, even if retired) 9 physic FATHER'S NAME death certificate 7 removal, attending ph 45. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) deric Weedo NO INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a). requires that the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY or attending physician. IMMEDIATE CAUSE (a) OUE TO CARDIDUASCULAR Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating isease as th underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO X YES PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (County) (State) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) a.m. While Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by at work at work p.m. 19 19. (this hospital) attended the deceased from and that death occurred at 9 M, from the causes and on the date stated above. saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE ATTENOING STAFF DIRECTOR PHYS. M.O. ADDRES 22d. 22c. PHYSICIAN'S NAME (Type) Thomas obert NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 1966 VR A15 (4) 15M 4-64

Frederick Willeman at A Stage State & Bear 1996 THEY IN THE STORY IN THE STORY the left to the court of the state of the st THE RESIDENCE OF THE PARTY OF T

be executed within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Therefease remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00705

US 4.0.3		
1. PLACE OF DEATH 2. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. SJATE b. COUNTY Maryland Frederick	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL at	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE
Frederick Memorial Hospital	Route 6	ON A FARM? YES ND
3. NAME OF First Middle DECEASED (Type or print) EDTTH TRENE V	Last 4. DATE Month DF DEATHMARCH	0ay Year 2 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. OATE OF BIRTH 9. ACE (In years IFUNDER 1 last birthday) Months D	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	October 8, 1903 62 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY		IZEN OF WHAT JNTRY?
Housewife *********	Frederick County, Maryland	U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Samuel Nusbaum	Ella May Rippeon	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
No 213 12 1199 M	irs. Robert Levering, Route 6, Fre	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIPELIZED NUM	or heep	4 aceips
DUE TO S	0 0 0 0	731/001
conditions, If any, which gave rise to immediate (b) CSSILLIAN NY	perlecione	: Cyears
cause (a), stating the OUE TO		
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/4)	119. WAS AUTOPSY
-ICATI		PERFORMED? YES NO X
	URREO. (Enter nature of injury in Part 1 or Part II of Item 18.)	
Hour a.m. While Not While factor	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Coun	ty) (State)
	0/6 206 2/2 2011	41 -4 (I) () look
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 34 M, from the causes and on the	c, that (I) (we) last
saw the deceased alive on 1966, and tha		TE SIGNED
James Tromos. M.	o. PHYS. MEO. STAFF March	3,1966
/22c. PHYSICIAN'S D	22d. AODRESS	
NAME (Type) James Thomas, M.D.	228 N.Market Street, Frederic	k,Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)
Burial March 5, 1900 Mount Carmel	Cemetery Frederick County	Maryland
24. FUNERAL DIRECTOR Abouald no AOORESS Fade	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
M.R. Etchison & Son. Frederick, Mar	Vland DATMAR 7 1968 flance	Jan Jan

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